

Case Number:	CM14-0078246		
Date Assigned:	07/18/2014	Date of Injury:	04/11/2013
Decision Date:	08/15/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/28/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 56-year-old male born on [REDACTED]. On 04/11/2013, during the course of his employment, he started experiencing a headache. He reported symptoms to his employer and was referred to the industrial physician and was referred for physical therapy and acupuncture. The patient has treated with physical therapy for diagnoses of cervicalgia and lumbago, treating on 12 visits through 09/24/2013. The patient was seen in follow up at the [REDACTED] on 10/02/2013 with continued lumbar spine pain, which had reportedly improved with conservative care. A lumbar spine MRI was performed on 10/25/2013 findings at the L5-S1 disc space of a 2 mm retrolisthesis and bulging annulus without central or lateral recess stenosis or neuroforaminal stenosis. A thoracic spine MRI was also performed on 10/25/2013 and was noted as essentially normal examination. The patient was seen in medical evaluation on 12/17/2013. The patient reported an approximately 8 month history of worsening right low back pain with occasional radiation to his leg associated with tingling in the right poster lateral thigh. The patient reported temporary relief from physical therapy. Per examination, sensation was intact to light touch throughout all associated dermatomes and myotomes and bilateral lower extremities, straight leg raise and clonus negative bilaterally, +2 DTRs in bilateral patella and Achilles; Faber's, Fadir's and femoral stretch test negative bilaterally; tenderness to palpation over the right L4-L5 and L5-S1 facet joints, and no significant pain with oblique extension and loading bilaterally. Diagnoses were noted as low back pain, lumbar facet arthroplasty, and lumbar radiculopathy. On 01/06/2014, the patient seen in orthopedic evaluation with complaints of back pain radiating down the right leg. On 01/06/2014, the patient complained of entire back pain 6-7/10 when at rest and increasing to 8-9/10 with activity. He reported occasional tingling down the right leg. On 01/24/2014 the patient received a lumbar spine ESI. On 02/17/2014, the patient was seen in orthopedic follow-up and reported complaints of pain in the thoracic spine, lumbar spine, and

across the low back. The physical examination was largely unchanged from the 01/06/2014 exam. The patient was diagnosed with lumbar disc degeneration and physical therapy was recommended. The patient was certified for 4 chiropractic visits from 05/12/2014 through 07/06/2014. There is a request for 18 chiropractic visits at a frequency of 3 times per week.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Thoracic/Lumbar additional chiropractic care 3x/week Qty: 18: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 106, 111, 115, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of some chronic pain issues if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if return to work is achieved, then 1-2 visits every 4-6 months. This patient had been certified for a brief course of chiropractic care from 05/12/2014 through 07/06/2014. There is no documentation reporting evidence of objective functional improvement or evidence of treatment success with chiropractic care rendered, there is no evidence of an acute flare-up, and elective/maintenance care is not supported; therefore, the request for 18 additional chiropractic treatment sessions exceeds MTUS Guidelines recommendations and is not supported to be medically necessary.