

Case Number:	CM14-0081053		
Date Assigned:	07/18/2014	Date of Injury:	03/25/2014
Decision Date:	08/25/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/02/2014

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 Chiropractics 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 44-year-old female. On 03/25/2014, she was driving a company truck when a severe pain started from her lower back and down her right leg to foot, making her foot numb. She presented for medical care on 04/14/2014 with neck and lower back pain and numbness in the right leg and foot. She rated symptoms 9/10. By examination on 04/14/2014, gait was normal, normal posture, no lower extremity weakness, no kyphosis, no scoliosis, no loss of lumbosacral lordosis, pelvis symmetrical, no spasms or tenderness of the thoracolumbar spine and paravertebral musculature, Patrick-Fabere negative, extensor hallucis longus test negative, back range of motion restricted in flexion with fingertips approximating the mid-tibia, heel/toe walk without difficulty, lower extremity deep tendon reflexes (DTRs) 2/4, lower extremity sensation intact to light touch and pinprick in all dermatomes, straight leg raising positive on left as 60, and no back muscle weakness. Lumbar spine x-rays were preliminarily reported normal. Diagnoses were noted as sciatica and lumbosacral sprain. Medications were dispensed. The patient was to begin chiropractic care at a frequency of three times per week for 2 weeks and return to work with restrictions. In follow-up on 04/28/2014, her condition had not improved significantly with pain rated 8-9/10. She was on modified duty and tolerating her current medication. The treatment plan included continuing physical therapy. Lumbar spine magnetic resonance imaging (MRI) was performed on 04/30/2014 with findings of: multilevel degenerative changes noted throughout the lumbar spine marked by degenerative Schmorl's nodes and mild disc degeneration; multilevel mild foraminal narrowing secondary to facet degeneration and broad-based annular bulges at L1-2, L3-4 and L4-5; small left-sided annular fissure at L1-2; and mild central canal narrowing at L1-2, L3-4, and L4-5. On 05/06/2014, the patient was seen in medical follow-up with continued lumbosacral spine and right thigh pain symptoms lessened by rest. She had completed three chiropractic visits. She was reported no

better than the prior visit. Treatment plan included continuing with chiropractic care. On 05/15/2014, 6 chiropractic treatment visits were scheduled from 05/16/2014 through 05/29/2014. The patient was seen in medical follow-up on 05/20/2014 with continued lumbosacral pain and right leg paresthesias, rated 7/10. By examination on 05/20/2014 gait was normal, normal posture, no lower extremity weakness, no kyphosis or scoliosis, no loss of lumbosacral lordosis, pelvis symmetrical, there were spasms and tenderness of the thoracolumbar spine and paravertebral musculature, Patrick-Fabere negative, extensor hallucis longus test negative, flexion with fingertips approximating the knee, extension 25/30, bilateral lateral flexion 35/45 and bilateral rotation 25/30, heel/toe ambulation without difficulty, lower extremity DTRs 2/4, lower extremity sensory dermatomes intact to light touch and pinprick, straight leg raise positive on right at 60, and no back muscle weakness. Diagnoses noted as lumbosacral sprain and sciatica. The patient was to continue chiropractic and continue with work restrictions. Maximum medical improvement (MMI) was expected by 05/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic evaluation and treatment, six sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for six additional chiropractic treatment visits is not supported to be medically necessary. MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to six visits of manual therapy and manipulation in the treatment of chronic low back pain complaints 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 RTW (return to work) then 1-2 visits every 4-6 months. The clinical record of 04/14/2014 reports the patient was to begin chiropractic care at a frequency of three times per week for 2 weeks. On 05/15/2014, 6 chiropractic treatment visits were scheduled from 05/16/2014 through 05/29/2014.