

Case Number:	CM14-0083745		
Date Assigned:	07/21/2014	Date of Injury:	12/21/2010
Decision Date:	08/27/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/05/2014

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 injured worker is a 57-year-old male born on 03/22/1956. The date of injury is was on 12/12/2010. The history of the biomechanics of injury was not provided for this review. The medical provider's report from 12/05/2013 indicates the patient was seen for a follow-up evaluation. The patient began acupuncture treatment during the prior week and noted some improvement in his lower back symptoms. Shoulder examination findings noted flexion and abduction motion decreased, impingement sign positive and anterior shoulder tender to palpation. Thoracic spine examination revealed paraspinal muscles tender and spasm present. Lumbar spine examination revealed paraspinal muscles tender, spasm present, range of motion restricted, DTRs normal and symmetrical, sensation reduced in right L5 dermatomal distribution, and straight leg raising test positive on the right. Diagnoses were noted as lumbar radiculopathy, thoracic spine strain and left shoulder impingement syndrome. The patient was to continue acupuncture and there was a request for additional acupuncture treatment at a frequency of three (3) times per week for four (4) weeks to the back and bilateral legs. The patient presented for medical evaluation follow-up on 02/13/2014 and reported he had been feeling better until Sunday 02/09/2014 when he experienced an exacerbation of lower back pain. The patient reported benefit from acupuncture treatments, and the provider noted he would order a short course of acupuncture treatment to continue. Left shoulder examination revealed decreased range of motion on flexion and abduction, positive impingement sign and anterior shoulder tender to palpation. Thoracic spine examination revealed paraspinal muscles tender and spasm present. Lumbar spine examination revealed paraspinal muscles tender, spasm, range of motion restricted, DTRs normal and symmetrical, sensation reduced in the right L5 dermatomal distribution, and straight leg raising positive on the right. The patient was to continue acupuncture as authorized and authorization was requested for another short course of

acupuncture treatment at a frequency of two (2) times per week for three (3) weeks to the back and legs. There is a request for chiropractic sessions for the lumbar spine at a frequency of three (3) times per week for four (4) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions three (3) times a week for four (4) weeks to the lumbar spine: Upheld

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

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

Decision rationale: The MTUS supports a trial of up to six (6) visits of manual therapy and manipulation in the treatment of chronic low back pain if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the six (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 returned to work then 1-2 visits every 4-6 months. There was no documentation of measured objective functional improvement with chiropractic care rendered during a six (6) visit trial, no evidence of an acute flare-up, and elective maintenance care is not supported. Therefore, the request for chiropractic sessions three (3) times a week for four (4) weeks to the lumbar spine exceeds guideline recommendations and is not supported to be medically necessary.