

Case Number:	CM14-0084574		
Date Assigned:	07/21/2014	Date of Injury:	07/22/2011
Decision Date:	08/27/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/06/2014

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 Board Certified 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 36-year-old female born on 03/31/1978. The patient reported for years, her work had involved lifting, twisting, pushing, pulling, standing, walking etc., and in the month of March 2011, after going home and laying down, she had a significant amount of back pain of rather sudden onset. The chiropractor's first report of occupational injury or illness, dated 12/05/2013, reported complaints of constant low back pain 5-7/10, bilateral posterior leg pain extending to ankles with pain in toes bilaterally, and leg pain 0-8/10. The patient had reportedly treated with chiropractic care during the prior year. Examination on 12/05/2013 revealed left lateral lumbar flexion limited to 75%, right lateral lumbar flexion 50%, extension 50%, forward flexion fingertips to approximately distal thigh, toe and heel walk 5/5 motor, L4 and L5 reflexes +1, Dejerine's Triad pain radiating posteriorly to knee level, and seated straight leg raise negative. The chiropractor diagnosed L4-L5 HNP and chronic lumbar IVD syndrome. In therapeutic pain management follow-up on 01/21/2014, the patient reported pain in low back radiating to lower extremities, and the provider noted the patient recently completed 6 visits of chiropractic care. The chiropractor's progress report of 03/12/2014 reports low back pain 4/10 and leg pain 5/10. Examination findings on 03/12/2014 revealed lumbar extension limited 50%, forward flexion limited to approximate fingertips to mid-thigh level, Dejerine's Triad causes pain radiating to bilateral lower extremities, motor intact, and L4 and S1 reflexes +1. TTD was extended through 05/01/2014. The chiropractor requested 6 chiropractic visits and reported he anticipated further improvement with chiropractic treatment. The patient was seen in therapeutic pain management follow-up on 04/22/2014 with pain in the low back and radiation to lower extremities, and the medical provider noted the patient going to chiropractic treatment. The chiropractor's progress report on 05/08/2014 notes the patient finding temporary relief with chiropractic treatment. She had been responding until the prior week when she has noticed a

significant increase in low back and tingling in her toes on her right foot without known cause. By examination on 05/08/2014, Dejerine's Triad was positive with radiation of pain into both legs, positive seated straight leg raise with increased numbness and tingling in feet, and lumbar extension limited 50% with increased low back and leg pain. Diagnoses were reported as L4-L5 disc desiccation, chronic lumbar IVD syndrome, and 3 mm disc bulge L4-5. The chiropractor extended TTD through 07/01/2014 and requested 4 additional chiropractic visits. The chiropractic chart notes utilize a combination of brief handwritten notations and a checklist style intended to report various clinical data without documentation of comparative measured functional objectives noted. Chiropractic records indicate the patient treated with chiropractic care on 12/05/2014, 12/09/2013, 12/11/2013, 12/18/2013, 12/23/2013, 01/02/2014, 02/12/2014, 02/18/2014, 03/05/2014, 03/12/2014, 03/17/2014, 04/11/2014, 04/14/2014, 04/18/2014, 04/21/2014, 04/30/2014, and 05/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiro times 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual & manipulation Page(s): 62.

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

Decision rationale: The request for 4 additional chiropractic treatment sessions is not supported to be medically necessary. This patient had treated with chiropractic care prior to the chiropractic treatments beginning 12/05/2013, yet records of such care were not provided for this review. From 12/05/2013 through 05/08/2014, the patient treated with chiropractic care on at least a monthly basis on 17 occasions. Submitted documentation does not provide evidence of efficacy with care rendered or evidence of acute exacerbation. (Chronic Pain Medical Treatment Guidelines), pages 55-60, supports a 6-visit trial of manual therapy and manipulation over 2 weeks 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. There was no documented evidence of objective functional improvement with chiropractic care rendered, no evidence an acute flare-up and evidence of prior treatment success and record of return to work, and elective/maintenance care is not supported; therefore, the request for 4 additional chiropractic treatment sessions is not supported be medically necessary.