

Case Number:	CM14-0087239		
Date Assigned:	07/23/2014	Date of Injury:	09/13/2013
Decision Date:	09/17/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/10/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 64-year-old who reported injury on September 13, 2013. The mechanism of injury is continuous trauma. The injured worker has diagnoses of neural encroachment of the left L4-5 and left L5-S1 radiculopathy, refractory with treatment, and electro diagnostics positive left L4, L5, and S1 radiculopathy. The injured worker's past medical treatment consists of chiropractic therapy, physical therapy, epidural steroid injections, and medication therapy. Medications include tramadol ER 300 mg 2 tablets a day, hydrocodone 7.5 mg, and orphenadrine 100 mg 2 times a day. An MRI demonstrated neural encroachment left L4-5 and L5-S1 to the left side. Electro diagnostics correlated with left L4, L5, and S1 radiculopathy. They were reviewed on January 21, 2014. The injured worker complained of low back pain with left greater than right lower extremity symptoms. The injured worker rated her pain at a 6/10. The physical examination dated April 18, 2014 revealed that the injured worker had tenderness to the lumbar spine. The lumbar spine revealed a flexion of 60 degrees, extension of 50 degrees, left and right lateral tilt were 50 degrees, and left and right rotation were 40 degrees. The injured worker demonstrated a positive straight leg raise. They had difficulty rising from a seated position. The treatment plan is for the injured worker to continue chiropractic therapy. The provider felt chiropractic therapy was helping to manage the injured worker's pain levels with medication management therapy as well. The Request for Authorization Form was submitted on January 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the lumbar spine, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The injured worker complained of low back pain with left greater than right lower extremity symptoms. The injured worker rated her pain at a 6/10. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend chiropractic therapy for chronic pain if caused by musculoskeletal conditions. Chiropractic therapy is manual therapy that moves a joint beyond the physiologic range of motion but not beyond the anatomic range of motion. It is recommended for low back. Not recommended for ankle, foot, carpal tunnel syndrome, forearm, wrist, hand, and knee. Treatment parameters from state guidelines stipulate that it takes 4 treatments to six treatments to produce effect, one to two times per week the first two weeks, then treatment may continue at one treatment per week for the next six weeks. Maximum duration of eight weeks. Given the guidelines above, the injured worker is not within the Chronic Pain Medical Treatment Guidelines. The report submitted had no evidence of chronic pain caused by musculoskeletal conditions. Furthermore, the injured worker had already completed sessions of chiropractic therapy with the requested eight more sessions. The submitted report lacked documentation of the outcomes of the previous sessions of chiropractic therapy and whether they were effective to functional deficits the injured worker had. The submitted chiropractic report simply stated that the injured worker had tenderness, was guarding herself, and that her condition was the same. There was no evidence showing that the injured worker would not benefit from a home exercise program. The guidelines recommend 1 treatment session per week for 6 weeks. The request as submitted exceeds the weekly recommended guidelines for chiropractic therapy. As such, the request for Chiropractic treatment for the lumbar spine, twice weekly for four weeks, is not medically necessary or appropriate.