

Case Number:	CM14-0015135		
Date Assigned:	02/28/2014	Date of Injury:	09/10/2010
Decision Date:	03/17/2015	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

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 48 year old female, who sustained an industrial injury on September 10, 2010. She has reported neck and lower back pain and diagnosed with lumbar degenerative disc disease, lumbar radiculopathy, sciatica, lumbago, lumbar facet osteoarthritis, cervical degenerative disc disease, right cervical radiculopathy and cervicalgia. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, sciatica, lumbago, lumbosacral spondylosis without myelopathy, degeneration of cervical intervertebral disc, brachial neuritis or radiculitis and cervicalgia. Treatment to date has included computed tomography (CT) scan of lumbar spine on November 28, 2011 revealing L4-5 minor anterolishesis which is more obvious than on recent MRI, there is a mild left foraminal and far lateral disc protrusion, L4-5 left paracentral and lateral small disc protrusion with caudal extension and bilateral L4-5 facet arthrosis of moderate degree, Magnetic resonance imaging (MRI) also done on November 28, 2011 of the lumbar spine revealing L4-5 mild left foraminal disc protrusion, L5-S1 mild left paracentral and lateral small disc protrusion with caudal extension creating mild left lateral canal left lateral recess stenosis. This touches the left S1 nerve root sleeve but this does not definitively deflect it, physical therapy has been tried without date and number of sessions, home exercise, acupuncture and chiropractic care, the injured worker takes oral medication, and on October 25, 2013 was being started on topical medication. The injured worker is temporally totally disabled. Currently, the IW complains of neck and lower back pain that is constant and increasing with sharp pain that is shooting down right arm and bilateral legs. On January 13, 2014 Utilization Review non-certified a chiropractic

one time a week for six weeks for cervical and lumbar spine, right arm and bilateral legs, noting Medical treatment utilization schedule (MTUS) guidelines was cited. On December 27, 2013, the injured worker submitted an application for IMR for review of chiropractic one time a week for six weeks for cervical and lumbar spine, right arm and bilateral legs.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 1 X WEEK FOR 6 WEEKS FOR CERVICAL AND LUMBAR SPINE, RIGHT ARM AND BILATERAL LEGS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION, 58-59 Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding ma.

Decision rationale: The medical necessity for the requested 6 chiropractic treatments was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." While the requested 6 treatments are consistent with this guideline there is no evidence of any clinical findings that would necessitate this request. Available for review was an RFA dated 11/26/2013 in which [REDACTED], requested 6 treatments. The progress report from [REDACTED] was not available. Moreover, the only progress report was dated 11/9/2012 from [REDACTED]. Given the absence of any current quantifiable subjective complaints, objective findings, or functional deficits, the medical necessity for the requested 6 chiropractic treatments was not established.