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| Case Number: | CM14-0172156 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 08/05/2013 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 09/23/2014 |
| Priority: | Standard | Application Received: | 10/17/2014 |

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 a licensed Chiropractor 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:

This 47 year old male sustained a work related injury on 8/5/2013. The mechanism of injury was reported to be injury from falling backwards and hitting the right side of his back. The current diagnosis is lumbar spine strain/sprain. According to the progress report dated 8/18/2014, the injured workers chief complaints were continued pain in lower back, right shoulder, neck, and right ankle. The physical examination of the lumbar spine revealed tenderness over the paraspinal and quadratus lumborum muscles bilaterally. Sitting root was positive. Straight leg raise test was positive at 80 degrees bilaterally. Reflexes and sensory exam were normal. Range of motion was slightly decreased. On this date, the treating physician prescribed 8 additional chiropractic care treatments, which is now under review. In addition to chiropractic care, the treatment plan included Electromyogram (EMG) and Nerve Conduction Velocity (NCV) Studies of the bilateral lower extremities and pain management evaluation. Current medications were not documented in the medical record provided. According to the Utilization Review, the injured worker was previously treated with 14 chiropractic care treatments. On 5/29/2014, the injured worker underwent an MRI of the lumbar spine, which showed spondylotic changes, 3-4 millimeter disc bulge resulting in moderate right and moderate to severe left neural foraminal narrowing, and bilateral exiting nerve root compromise. When additional chiropractic care was prescribed work status was temporarily totally disabled. On 9/23/2014, Utilization Review had non-certified a prescription for 8 additional chiropractic sessions of the lumbar spine. The chiropractic was non-certified based on lack of evidence of improved functional capacity from previous chiropractic therapy treatments. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments 2x week for 4 weeks, for 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 Page(s): 58-59.

Decision rationale: The claimant presented with ongoing pain in the lower back, right shoulder, neck and right ankle. Reviewed of the available medical records showed he has had 14 chiropractic sessions to date with no evidences of objective functional improvement documented. Progress report dated 08/18/2014 by the treating doctor revealed ongoing pain in the lower back, right shoulder, neck and right ankle. The patient requested medications. Pain management evaluation for the lumbar spine and Electromyogram (EMG) and Nerve Conduction Velocity (NCV) of the bilateral lower extremities recommended. The claimant remained on temporary totally disabled. Based on the guidelines cited, the request for additional 8 chiropractic visits is not medically necessary.