

Case Number:	CM14-0189533		
Date Assigned:	11/20/2014	Date of Injury:	02/07/2011
Decision Date:	01/29/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/13/2014

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 therapy, 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 claimant is a 35-year-old female who was involved in a work injury on 2/7/2011. The injury was described as a repetitive trauma injury while employed as a nurse. Treatment has included physical therapy, psychotherapy for depression, trigger point injections, and lumbar epidural injections. On 7/21/2011 the claimant underwent an agreed medical evaluation with [REDACTED] orthopedist. The claimant was diagnosed with disc pathology at L4/5 and L5/S1 per MRI with radicular pain. The determination was that the claimant was not permanent and stationary and required additional conservative care. On 1/24/2012 [REDACTED] reevaluated the claimant and opined that the claimant was permanent and stationary. With respect to future medical care it was noted that "provisions for future medical care in the form of occasional orthopedic physician visits, occasional brief periods of physical therapy and anti-inflammatory medications is indicated for flares. The use of prescription pain medication as needed to reduce chronic discomfort is reasonable if it allows the patient to improve their function." On 2/17/2012 the claimant underwent a 2nd agreed medical examination with [REDACTED] for the purpose of addressing the psychoemotional stress. The claimant was diagnosed with psychoemotional stress, atrial fibrillation, hypertension, sleep disturbance, and G.I. disturbance. On 3/14/2012 the claimant underwent a psychiatric AME with [REDACTED]. On 4/21/2014 [REDACTED] submitted a supplemental QME report in which he stated that "I think it is reasonable to say the patient has a lifting restriction of 10 pounds, limited ability to do any repetitive bending of the lumbar spine. The patient also has a restriction from pushing and pulling more than 10 pounds and needs to sit and stand as needed. I agree that an FCE is appropriate and if authorized I would gladly arrange it." On 8/12/2014 the claimant was evaluated by the [REDACTED] for [REDACTED], pain management specialist. The recommendation was for medication. On 8/29/2014 [REDACTED] orthopedist, evaluated the claimant for complaints of constant back and buttock pain with pain

down to the back of her leg to her foot on a frequent basis at 5-6/10 on the visual analogue scale becoming 10/10 at the end of her workday. The report indicated a recommendation for medication. The claimant "soaks in Epson salt water. She uses a heating pad. She does stretching exercises. Her husband massages her lower back to help ease the pain. She uses a tens unit from time to time. She obtained this from her treating chiropractor about 2 years ago. She does not wear a back brace. She uses no walking cane or any other assistive walking device." The recommendation was for radiographic and MRI evaluation of the lumbar spine, EMG/NCV studies of the lower extremities and continued medication. On 9/24/2014 the requested MRI of the lumbosacral spine, radiographic evaluation of the pelvis, EMG/NCV of the bilateral lower extremities and continued usage of a tens unit were noncertified. On 9/25/2014 [REDACTED] reevaluated the claimant for complaints of a flare-up of her lower back complaints to 8/10 on the visual analogue scale. The provider submitted a request for an MRI and radiographic evaluation of the pelvis and EMG of the bilateral lower extremities. On 9/30/2014 [REDACTED] evaluated the claimant and submitted a request for EMG/NCV of the lower extremities and MRI of the lumbar spine. These requests were denied by peer review and upheld on appeal. On 10/27/2014 [REDACTED] reevaluated the claimant for complaints of "moderate to severe lower back pain and right leg pain starting last week." The claimant was diagnosed with lumbar radiculitis and sacroiliac joint sprain/strain. The recommendation was for an MRI of the lumbosacral spine, EMG/NCV of the lower extremities and 6 chiropractic treatments. The request for chiropractic treatment was denied by peer review. The rationale was that "there is no clear indication that the claimant has experienced a recent flare-up or aggravation of symptoms in the submitted report to warrant the requested chiropractic care."

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions for the lumbar spine, once weekly for six weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation section.

Decision rationale: 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." The requested 6 treatments are consistent with this guideline. The claimant has a history of chronic lower back pain for which she has received ongoing medication. The claimant presented to the provider's office on 9/25/2014 complaining of an exacerbation of her lower back complaints to 8/10 on the visual analogue scale. The 10/27/2014 report indicated that the claimant had moderate to severe lower back pain of one week duration. The previous denial was based on the absence of documentation in the claimant had an exacerbation or flare-up. These documents clearly indicate that the claimant did, in fact, have an exacerbation. Given the evidence of an exacerbation of the claimant's chronic lower back complaints and the clinical findings on the evaluation, a course of 6 chiropractic treatments can

be considered appropriate. Therefore, I recommend certification of the requested 6 chiropractic treatments.