

Case Number:	CM14-0190783		
Date Assigned:	11/24/2014	Date of Injury:	09/22/2011
Decision Date:	01/09/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/14/2014

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, has a subspecialty in Acupuncture 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 injured worker is a 47 year old male who sustained a work related injury September 22, 2011, with injury of the lumbar spine, not specified. His treatment since the initial injury had included; physical therapy, Motrin, Naprosyn, SI joint injections, Terocin patches, Methoderm, and Neurontin. According to the pain management physician on March 12, 2013, he documented there was some relief with chiropractic care and requested a second round, but there is no documentation present in the case file to support care rendered, number of sessions, or functional improvement. An MRI of the lumbar spine dated February 4, 2013, revealed; L2-L3 2-3mm right lateral protrusion with mild foraminal stenosis, L3-L4 through L5-S1 lateral bulging of the disc and mild facet arthrosis-mild bilateral foraminal stenosis(a report for the MRI is not present in this case file).According to a permanent and stationary evaluation, performed by the treating physical/rehab and pain medicine physician August 5, 2014, the injured worker continues to complain of pain in the right lower back area with some radiation down the right lower extremity with occasional numbness and tingling sensations affecting the right leg. He uses a single point cane to ambulate, takes Neurontin for paresthesias, Methoderm gel for additional paresthesia control, and performs a home exercise program a couple of days a week. He had been on modified work duty on his last visit of June 24, 2014, but now has been dismissed from his job. On physical examination, there is decreased range of motion of the lumbar spine; flexion 55 degrees, extension 20 degrees, and left and right lateral bending at 20 degrees. Tenderness is present in the right iliolumbar ligament and right lumbosacral facet joint area. There is decreased light touch sensation in the dorsal aspect of the right foot and normal reflexes in the ankle and knees. Continued documentation reveals a positive right straight leg raise at 40 degrees and positive right lumbar facet maneuver. Diagnoses; right lumbosacral strain and radiculopathy, right lumbosacral facet syndrome and myofascial pain syndrome.

According to utilization review performed November 12, 2014, chiropractic 2 x 4 has been modified to chiropractic 6 sessions. Citing CA MTUS Chronic Pain Medical Treatment Guidelines, chiropractic manipulative therapy is recommended on a 6 visit trial basis for musculoskeletal conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of chiropractic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. According to the pain management physician on March 12, 2013, he documented there was some relief with chiropractic care and requested a second round, but there is no documentation present in the case file to support care rendered, number of sessions, or functional improvement. Provider requested additional 8 chiropractic sessions for lumbar spine which were modified to 6 by the utilization reviewer. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 8 chiropractic visits are not medically necessary.