

Case Number:	CM14-0191904		
Date Assigned:	11/25/2014	Date of Injury:	02/19/2002
Decision Date:	03/09/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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:

According to the records made available for review, the injured worker is a 66 year-old male with a date of injury of 02/19/2002. The results of the injury include low back pain. Diagnoses have included lumbar spondylosis, right L4-L5 lumbar radiculopathy, chronic myofascial pain syndrome, and probable bilateral knee joint degenerative joint disease. Diagnostic studies have included EMG/NCS, performed on 09/16/2014, which revealed right L4-L5 radiculopathy with peroneal motor neuropathy. Treatments have included medications, corticosteroid injections, and home exercise program. Medications have included Ultram, Neurontin, Relafen, and Flexeril. A progress note from the treating physician, dated 10/21/2014, documents a comprehensive follow-up visit with the injured worker. The injured worker reported constant low back pain which shoots down the legs, right more than left, with numbness in the right thigh; pain is scored at 4-5/10 on the visual analog scale and depends on activities; pain increases with prolonged standing, bending, and lifting heavy objects; and radicular pain in knees, right more than left. Objective findings included paravertebral muscle spasm and localized tenderness in LS spine area; increased lumbar lordosis; restricted range of motion of LS spine ; positive right-sided stretch; localized tenderness in left knee; and positive hyperextension maneuver of the lumbar spine. Work status is listed as stipulated award. The treating physician documented that an MRI of the lumbar spine was remarkable for lumbar disc protrusion on L4-L5 and L5-S1 level. Treatment plan was documented to include continuation of medications: Relafen, Flexeril, Neurontin, and Ultram as prescribed; continue range of motion, stretching, strengthening, and spine stabilization home exercises; right-sided L4, L5 transforminal and translaminar lumbar

epidural steroid injections upon authorization; 12 visits of chiropractic therapy 2 times a week for 6 weeks for lumbar spine upon authorization; and follow-up evaluation. Request is being made for a prescription for Chiropractic 2 times a week for 6 weeks of Lumbar Spine. On 10/30/2014, Utilization Review modified a prescription for Chiropractic 2 times a week for 6 weeks of Lumbar Spine to Chiropractic 6 sessions of Lumbar Spine. Utilization Review modified a prescription for Chiropractic 2 times a week for 6 weeks of Lumbar Spine to Chiropractic 6 sessions of Lumbar Spine based on the lack of documentation to identify if the injured worker had prior chiropractic visits and remains symptomatic despite medications including Relafen, Flexeril, Neurontin, and Ultram; therefore, a trial of six visits would be supported. The Utilization Review cited the CA MTUS 2009: Chronic Pain Medical Treatment Guidelines, Manual therapy and manipulation. Application for independent medical review was made on 11/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times per week for 6 weeks (12 sessions) of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely.

Decision rationale: The claimant presented with chronic low back pain despite previous treatments of medications, injections, and home exercises. Reviewed of the available medical records showed no records of previous chiropractic treatment. Although MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, with evidences of objective functional improvements, total up to 18 visits over 6-8 weeks, the request for 12 sessions exceeded the guidelines recommendation. Therefore, without first demonstrate functional improvement in the trial visits, the request for 12 chiropractic sessions is not medically necessary.