MAXIMUS Federal Services

Case Number:	CM14-0194138		
Date Assigned:	12/01/2014	Date of Injury:	09/17/2012
Decision Date:	03/17/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/19/2014

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 was a 21 year old male, who was injured on the job September 17, 2012. The injury was sustained by falling down stairs at work, inuring the back and posterior hip area. On April 29, 2014, the injured worker underwent a second epidural steroid injection at facet joints of L4-L5 and L5-S1 bilaterally. The progress note of May 23, 2014, reported only a 30% improvement of the back discomfort from the injection. The injured workers pain was at the axial low back radiating to laterally, primarily on the right, but does have some on the left-sided symptoms. The pain was aggravated by bending and lifting. The injured worker has been waking in the night with right lower extremity numbness. The MRI of June 25, 2013 showed L4-L5 degeneration with posterior annulus bulging 6mm AP slightly right of midline, thecal sac was severely compressed with the canal measuring less than 2mm with arthropathy and mild to moderate left foraminal stenosis, L3-L4 left posterolateral 3mm annular bulge and arthropathy with mild foraminal stenosis, thoracolumbar S-shaped scoliosis and diminished lumbar lordosis. The physical exam noted lumbar extension measured 15 degrees, flexion 50 degrees and normal bilateral lateral bending. The injured worker was currently taking venlafaxine and Advil and using a flector patch. The injured worker was diagnosed with lumbar disc displacement without myelopathy and stenosis of the spinal lumbar. On May 4, 2014, the injured worker had a QME evaluation, the evaluator recommendation was injured worker should have an option for lumbar operation and postoperative rehabilitation. The progress note of June 18, 2014, the injured worker was not interested in surgery. The injured worker was interested in functional restoration program. The injured worker had undergone several chiropractic sessions in the past with long-

term pan reduction. On September 2, 2014, the injured worker was evaluated by an orthopedic surgeon, due to age and risk of complications, the surgeon suggested conservative treatment at this time. The documentation submitted for review did not include chiropractic progress notes to support function improvement, scaled pain documentation or diagnostic reports and limited progress notes.On November 12, 2014, the UR denied authorization for chiropractic serves 1 time a week for 6 weeks to the lumbar spine. The denial was based on the MTUS Chapter on Chronic Pain Medical Treatment Guidelines for Manual Therapy & manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic once a week for six weeks, lumbar: Overturned

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 The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regardin.

Decision rationale: The medical necessity for the requested 6 chiropractic treatments was established. The claimant was evaluated by the orthopedic surgeon on 9/2/2014 for complaints of worsening lower back pain and 9-10/10 on the visual analogue scale. Range of motion findings were 40-60% of normal with muscle spasm in the lumbar spine and decreased muscle strength in the L5 and S1 musculature. The provider indicated that the claimant is a surgical candidate but apparently the claimant does not want to undergo surgery at this time given his young age. He noted that a course of chiropractic treatment would be appropriate. There is also indication that the claimant had undergone a previous course of chiropractic treatment with significant overall improvement. Therefore, given the claimant's presenting complaints on 9/2/2014 of a worsening of his condition and the prior positive response to chiropractic treatment, the medical necessity for the requested 6 additional treatments was established.