

Case Number:	CM14-0199408		
Date Assigned:	12/09/2014	Date of Injury:	08/14/2007
Decision Date:	01/23/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/26/2014

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 Physical Medicine and Rehabilitation, 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 is a 42 year old gentleman who sustained a work related injury on 8/14/2007. He was getting out of a forklift and experienced a sudden onset of pain in his lower back with radiation down to the lower extremities. Per the Initial Consult dated 08/21/2014, the injured worker reported pain in the neck, lower back and bilateral knees. The pain is associated with weakness in the bilateral legs and is rated as 8-10 out of 10. The pain is described as sharp, dull, aching and pressure-like. Pain is aggravated by walking, prolonged standing or sitting, kneeling, prolonged walking, crawling and bending forward. Pain is relieved by resting, lying down, medication, and application of heat and/or ice. He occasionally uses a cane or walking stick for ambulation. Physical Examination revealed an antalgic slowed gait. There is loss of normal cervical and lumbar lordosis. There is hyper tonicity, spasm and tenderness of the paravertebral muscles of the lumbar and cervical spine. Lumbar range of motion is restricted. Lumbar facet loading is positive on both sides and straight leg raise test is positive bilaterally. Diagnoses included lumbar radiculopathy, and backache, not otherwise specified. The plan of care included a repeat MRI of the lumbar spine, medications, yoga and chiropractic physiotherapy. Work Status was not provided. Prior treatment has included physical therapy, acupuncture, medication, exercise program, TENS unit, 3 cervical epidural steroid injections (ESI), one lumbar ESI, yoga, chiropractic care, and Tai Chi. No diagnostic testing reports were provided for review. Magnetic resonance imaging (MRI) of the lumbar spine dated 4/09/2010 was read by the evaluating provider as revealing lumbar spondylosis, mild levoscoliosis and degenerative disc disease L5-S1. EMG/NCS testing dated 9/23/2009 was read as a normal study by the provider. The numbers of yoga sessions and chiropractic sessions completed have not been provided. On 11/06/2014, Utilization Review non-certified a prescription for chiropractic sessions lumbar spine x 6 and yoga sessions x 6, based on lack of documented functional improvement. The CA MTUS

Chronic Pain Medical Treatment Guidelines and CA MTUS ACOEM Practice Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy sessions lumbar spine times 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy and Manipulation, Treatment Page(s): 58-60.

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury with continued recommendation upon identified improvements. It appears the patient has received previous chiropractic sessions. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADL or improved work/functional status from treatment already rendered by previous chiropractic care. Clinical exam remains unchanged without acute flare-up or new red-flag findings. It appears the patient has received an extensive conservative treatment trial; however, remains without functional improvement. Chiropractic therapy sessions for the lumbar spine times 6 are not medically necessary and appropriate.

Yoga sessions times 6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Yoga, page 127

Decision rationale: Guidelines recommend yoga as an option for short-term pain relief in the treatment of chronic pain only in select, highly motivated patients; however, since the outcomes from this therapy are very dependent on variable circumstances, it can only be recommend in specific cases and not adopted in general patient. Submitted reports have not demonstrated adequate support for this treatment regimen without failed conservative trial of standard modalities as part of a functional restoration approach nor functional improvement from treatment previously rendered. The Yoga sessions times 6 are not medically necessary and appropriate.