

Case Number:	CM14-0025381		
Date Assigned:	06/11/2014	Date of Injury:	02/01/2012
Decision Date:	03/11/2015	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/27/2014

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:

Thus far, treatment has consisted of physical therapy and chiropractic treatment, orthopedic, extracorporeal shockwave treatment to the lumbar spine which temporarily reduced the pain, Localized Intense Neurostimulation Treatment to the lumbar spine, trigger points impedance imaging, lab tests, MRI of the lumbar spine dated 1/25/13 revealed L4/5 and L5/S1 3mm broad based disc protrusion with foraminal narrowing and impingement on the exiting/transversing nerve roots. L2/3, L3/4 2mm broad based disc protrusion with left sided foraminal narrowing and impingement on the exiting nerve roots on the left. X-ray of the lumbar spine dated 9/19/13 was unremarkable. MRI of the cervical spine dated 1/25/13 revealed C4/5, C5/6 and C6/7 1mm disc protrusion seen without foraminal narrowing, central canal stenosis or impingement on the exiting transversing nerve roots. Medical records indicated according to an office visit dated 1/20/14 the applicant was evaluated due to complaints of ongoing pain in the lumbar spine that has not improved and a lumbar epidural injection was requested. In review of utilization review report dated 2/19/14 the reviewer determined the requested chiropractic treatment one time per week for four weeks to the cervical and lumbar spine was not certified from dates of service 2/11/14-5/2/14. A determination was unable to be made with regards to whether or not treatment guidelines have been exceeded without knowing the total number of chiropractic treatments to date. Three contact attempts were made to the treating chiropractor, which were not able to be obtained. The reviewer referenced a medical report that was dated 10/30/13 with a clinical summary of the following: the applicant had continued to be symptomatic. Cervical spine examination revealed pain and tenderness on the paracervical musculature and no spasms.

Cervical ranges of motion were somewhat decreased. There was tenderness of the L4, S1 distribution, ranges of motion of the lumbar spine were somewhat decreased with pain. PR-2 dated 1/20/14 the applicant continued to complain of ongoing lumbar spinal pain. Physical exam was positive for lumbar spine herniated with radiculopathy. Physical therapy was requested two times per week for three weeks and chiropractic treatment one time per week for four weeks. The applicant was diagnosed with displacement of cervical disc without myelopathy and sprain and strain of lumbosacral.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 1 TIME PER WEEK FOR 4 WEEKS FOR CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS Manual Therapy & Manipul.

Decision rationale: The applicant sustained an industrial injury that occurred on February 1, 2012 while employed by [REDACTED]. The mechanism of injury was not documented in the medical records. There was no indication as to the number of prior chiropractic visits received and the response to treatment. What was noted was that the applicant was evaluated on 1/20/14 due to complaints of ongoing pain in the lumbar spine that has not improved and a lumbar epidural injection was requested. The MTUS Chronic Pain Treatment Guidelines-chapter manual therapy and manipulation pages 58-59 indicate treatment may be indicated initially for the lumbar spine in a trial of 6 visits over 2 weeks. For recurrences/flare-ups there is a need to re-evaluate treatment success and if returned to work is achieved then 1-2 visits every 4-6 months. In this case there was no indication of the number of prior chiropractic treatment visits that were received as well as to the clinical response to prior treatment. Despite the noted course of treatment the applicant has remained symptomatic: cervical spine examination revealed pain and tenderness on the paracervical musculature and no spasms. Cervical ranges of motion were somewhat decreased. There was tenderness of the L4, S1 distribution, ranges of motion of the lumbar spine were somewhat decreased with pain. Therefore, the request for 4 chiropractic treatment is not medically necessary.