

Case Number:	CM14-0076196		
Date Assigned:	07/16/2014	Date of Injury:	03/27/1993
Decision Date:	01/07/2015	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/22/2014

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 Internal Medicine, and is licensed to practice in Maryland. 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 employee was a 44 year old female who sustained an industrial injury on 03/27/1993 while lifting 10-80 pounds while stocking shelves. She had a history of L5-S1 decompression with posterolateral fusion in 1993. Her prior treatment included medications, home exercise program and ESI. During her follow-up in January 2014, she was noted to have worsening symptoms and difficulty tolerating work. For acute exacerbation of chronic pain, chiropractic therapy was requested. In February 2014, she was noted to have mild to moderate improvement in her left hip and left sided low back pain as a result of chiropractic therapy. The progress note from 04/10/14 was reviewed. Subjective complaints included pain level that had decreased since last visit. Quality of sleep was fair and her activity level had increased. Current medications included Norco, Naproxen, Neurontin, Ambien CR and Lamictal. Objective findings included wide based gait, limited range of motion of lumbar spine, surgical scar in lumbar spine, tenderness and tight muscle band on palpation of lumbar paraspinal muscles, positive straight leg raising on the left side at 60 degrees, tenderness noted over the posterior iliac spine on the left side and positive lumbar facet loading on both the sides. Diagnoses included lumbar spine DDD, low back pain and spasm of muscle. Treatment plan included chiropractic therapy for progression of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Chiropractic Care, 2 times per week for 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: The employee was a 44 year old female who sustained an industrial injury on 03/27/1993 while lifting 10-80 pounds while stocking shelves. She had a history of L5-S1 decompression with posterolateral fusion in 1993. Her prior treatment included medications, home exercise program and ESI. During her follow-up in January 2014, she was noted to have worsening symptoms and difficulty tolerating work. For acute exacerbation of chronic pain, chiropractic therapy was requested. In February 2014, she was noted to have mild to moderate improvement in her left hip and left sided low back pain as a result of chiropractic therapy. The progress note from 04/10/14 was reviewed. Subjective complaints included pain level that had decreased since last visit. Quality of sleep was fair and her activity level had increased. Current medications included Norco, Naproxen, Neurontin, Ambien CR and Lamictal. Objective findings included wide based gait, limited range of motion of lumbar spine, surgical scar in lumbar spine, tenderness and tight muscle band on palpation of lumbar paraspinal muscles, positive straight leg raising on the left side at 60 degrees, tenderness noted over the posterior iliac spine on the left side and positive lumbar facet loading on both the sides. Diagnoses included lumbar spine DDD, low back pain and spasm of muscle. Treatment plan included chiropractic therapy for progression of conservative treatment. According to MTUS, Chronic Pain Medical Treatment Guidelines, manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For low back conditions, a therapeutic trial of 6 visits over 12 weeks is recommended and with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks is recommended. The employee had a modified certification for 6 chiropractic sessions and the progress notes indicated improvement of pain as well as improvement of activity level. Given the documentation of improvement, additional 12 visits are medically necessary and appropriate.