

Case Number:	CM15-0100940		
Date Assigned:	06/03/2015	Date of Injury:	03/09/2015
Decision Date:	07/08/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 52 year old female patient who sustained an industrial injury to the back, left hand and right leg on 3/9/15. Current diagnoses included lumbar facet syndrome, lumbar spine spondylolisthesis and right ankle sprain/strain. She sustained the injury due to tripping on a rock and falling backward. Per the note dated 5/12/2015, she had complaints of neck pain and low back pain with numbness in the right leg. The physical examination revealed lumbar flexion 80/90 degrees; pain on palpation at right L5 area, midline left L4-5 and S1 area and left scapular area; positive Waddell sign. Past medical history was significant for multiple back injuries. In an addendum to doctor's first report of occupational injury dated 4/13/15, she had complaints of low back pain with radiation to the right lower extremity, right ankle pain with increased instability and depression. She had experiencing urinary urgency with periods of incontinence. Physical exam was remarkable for positive right straight leg raise, difficulty transitioning from a sitting to standing position, positive S1 compression test, lumbar spasms and right ankle swelling with limited range of motion. She used a cane for ambulation. The medications list includes Ibuprofen, Diclofenac Patch, Tramadol, Valium, Skelaxin, Lodine, Zestril, Elavil, Levoxyl and Neurontin. She has had lumbar MRI on 4/7/2014 (before this injury). She had attended approximately six chiropractic therapy sessions and 10 physical therapy visits since her injury. The treatment plan included 18 chiropractic therapy treatments with adjunctive physical therapy, electromyography bilateral lower extremities and magnetic resonance imaging right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatments with adjunctive physical therapy, twelve visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 and 299.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 and 299, Chronic Pain Treatment Guidelines Manual therapy & manipulation Physical therapy Page(s): 58-60.

Decision rationale: Request; Chiropractic Treatments with adjunctive physical therapy, twelve visits. Per the cited ACOEM guidelines, for patients with symptoms lasting longer than one month manipulation is probably safe but efficacy has not been proved. This patient has symptoms lasting longer than a month. In addition, the cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Patient has already had 6 chiropractic visits and 10 physical therapy visits since her injury. Per the cited guidelines regarding chiropractic treatment elective/maintenance care not medically necessary. One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic. There is no evidence of significant ongoing progressive functional improvement from the previous physical therapy/chiropractic therapy visits that is documented in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Chiropractic Treatments with adjunctive physical therapy, twelve visits is not fully established for this patient; therefore, this request is not medically necessary.