

Case Number:	CM15-0106352		
Date Assigned:	06/10/2015	Date of Injury:	10/16/2014
Decision Date:	07/14/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/02/2015

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: California

Certification(s)/Specialty: Chiropractic

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 is a 45-year-old male, who sustained an industrial injury on 10/16/14. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbosacral sprain/strain; sciatica/neuralgia/neuritis. Treatment to date has included chiropractic therapy; lumbar L4-L5 transforaminal epidural steroid injection (3/13/15); physical therapy; medications. Diagnostics included MRI lumbar spine (1/21/15). Currently, the PR-2 notes dated 5/4/15 are notes as "Doctor's First Report of Occupational Injury or Illness". These notes indicated the injured worker complains of low back pain that he describes as constant pain primarily on the left side. He describes his pain as moderate to severe with pain scale of 6/10. He states this pain is aggravated by walking, or being in one position too long, bending, twisting, repeated lifting and bending worsens this pain. The pain radiates into the posterior lateral portion of the left thigh and leg. He describes the leg pain as numbness and pain. He describes the feet as a tingling sensation. The pain and numbness can also occur in the right leg occasionally. The injured worker has had chiropractic and physical therapy along with one epidural steroid injection. There are no reports or documentation of the benefit from these treatments. On examination, the provider documents the injured worker has a normal gait. On palpation of the lower back region, specifically the paraspinal musculature, L3-L5 on the left, the quadratus lumborum musculature at L3-L5 and the psoas musculature on the left lower back region are moderately hypertonic. Palpation of the lumbar spine revealed palpable tenderness and aberrant motion at L4-L5 and the left sacroiliac joint. All range of motion produce moderate to severe pain for the left of L3-L5 and the left sacroiliac joint. There is positive Kemp's test bilaterally with pain at the left sacroiliac joint and L4-L5 level on the left. He has a positive

straight leg raise producing pain to the left L5 and left sacroiliac joint and left back of the thigh region. There is positive Valsalva's test demonstrating pain in the lower back with sneezing. Prone extension test proved painful at the left sacroiliac joint and L5- spinal joint level. Muscle testing of the lower extremities revealed weakness (4/5) with left hip flexion, knee flexion and extension. MRI of the lumbar spine without contrast dated 1/21/15 reveal L4-L5 broad based bulge (3mm) which in conjunction with facet hypertrophy and ligamenta flava laxity, produces mild central canal narrowing, sever left and mild right neural foraminal narrowing. The severe left neural foraminal narrowing contact compresses and impinges the exiting left L4 nerve root and to a lesser degree the transiting left L5 nerve root. At L3-L4, there is a broad -based bulge (1mm) which in conjunction with facet hypertrophy and ligamenta flava laxity, produces slight central canal narrowing; slight bilateral neural foraminal narrowing. At the L5-S1, there is a broad-based bulge (1mm) which in conjunction with facet hypertrophy and ligamenta flava laxity, with no central canal narrowing and only a slight bilateral neural foraminal narrowing. The provider's treatment plan is requesting continued conservative treatment with Chiropractic therapy 2-3 weekly for 6 weeks (12-18 sessions) to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy, 2-3 times wkly for 6 wks (12-18 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation/MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation ODG Low Back Chapter, Manipulation Section.

Decision rationale: The patient has received 12 sessions of chiropractic care for his lumbar spine injury in the past. The treatment records in the materials submitted for review do not show objective functional improvement with past chiropractic care rendered, per The MTUS definitions. The ODG Low Back Chapter recommends 1-2 additional sessions up to 18 additional chiropractic care sessions over with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The past chiropractic treatment notes document similar objective findings and no objective functional improvement is noted. The ODG Low Back Chapter recommends additional chiropractic care for flare-ups "with evidence of objective functional improvement." There have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The 12-18 additional sessions requested far exceed The MTUS recommended number of 1-2 additional sessions. I find that the 12-18 additional chiropractic sessions requested to the lumbar spine is not medically necessary.

