

Case Number:	CM15-0012064		
Date Assigned:	01/29/2015	Date of Injury:	09/08/2011
Decision Date:	04/03/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/21/2015

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: New Jersey

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:

The injured worker is a 60-year-old male who reported an injury on 09/08/2011. The mechanism of injury was the injured worker was lifting a large vinyl roll for plastic lamination and unrolled it to load on a machine when he started to experience low back pain. The injured worker underwent an x-ray of the lumbar spine and an MRI of the lumbar spine. Prior treatments were noted to have included physical therapy, acupuncture, chiropractic care, lumbar support, TENS unit, and home exercises. The injured worker was noted to have 12 prior chiropractic treatments. The documentation of 12/31/2014 noted the injured worker indicated he had low back pain, bilateral knee pain, bilateral shoulder pain, and depression, anxiety, and sleep disturbance. The medications included aspirin 81 mg, Plavix 75 mg, Lipitor 80 mg, losartan 50 mg, metoprolol 25 mg, and metformin 500 mg twice a day. The physical examination of the bilateral shoulders revealed there was tenderness to the superior aspect and anterior aspect, rotator cuff, and trapezius. The injured worker had decreased range of motion of the shoulder. The impingement sign was positive bilaterally. Examination of the lumbar spine revealed moderate lumbar and thoracic paraspinal muscle spasms with tenderness. The injured worker had positive bilateral SI tenderness. The injured worker had tenderness to the bilateral parapatellar areas and bilateral joint lines. Range of motion was full with extension and flexion of 120 degrees. The injured worker had a positive McMurray's bilaterally. The injured worker underwent x-rays of the lumbar spine, x-rays of the hips, and an MRI of the lumbar spine. The injured worker underwent an EMG and NCS of the bilateral lower extremities and laboratory studies. The diagnoses

included low back pain and lumbar strain. The treatment plan included a chiropractic request 3 times 4, as it was noted to help a lot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3x Week for 4 weeks Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment beyond 4-6 visits should be documented with objective improvement in function. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The clinical documentation submitted for review indicated the injured worker had previously undergone 12 sessions of manual therapy. There was a lack of documentation of objective functional benefit, decreased pain, and improvement in the injured worker's quality of life. Given the above, the request for chiropractic 3x week for 4 weeks lumbar spine is not medically necessary.