

Case Number:	CM15-0148130		
Date Assigned:	08/11/2015	Date of Injury:	08/02/2013
Decision Date:	09/14/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/29/2015

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:

The injured worker (IW) is a 50-year-old female who sustained an industrial injury 08-02-2013. Diagnoses include lumbosacral or thoracic neuritis or radiculitis, unspecified; major depression, mild; lumbar degenerative disc disease; myofascial pain; facet syndrome; and chronic pain syndrome. Treatment to date has included medications, acupuncture, TENS unit, epidural steroid injections, chiropractic treatment, psychological therapy with cognitive behavioral therapy and home exercise program. According to the progress notes dated 7-10-2015, the IW reported intermittent, severe toe cramps on the outside of the right foot with associated numbness, which began a few days prior to the office visit. The episodes were random and not activity-related. Low back pain was unchanged since her last visit. On examination, her affect was normal and she was in no apparent distress. The peroneal muscle belly, the lateral cuneiform and the third, fourth and fifth toe extensor tendons were tender to palpation. Electrodiagnostic testing of the bilateral lower extremities on 3-27-2014 found evidence highly suggestive of lumbar radiculopathy, most likely involving the L5 or S1 nerve root on the right. MRI of the lumbar spine dated 5-12-2015 showed degenerative disc disease at L2-3 through L4-5; left lateral annular tears at L3-4 and L4-5; small disc herniation at L2-3 displacing the underlying right L3 nerve in the lateral recess; and a small disc protrusion at L3-4. A request was made for return to clinic, one week for osteopathic manual manipulation to address the dysfunction of the right foot, which may be attributed to an antalgic gait caused by the low back injury. The medication list include Lyrica, Norco, Naproxen and Omeprazole. The patient had received an unspecified number of the chiropractic and 22 PT visits for this injury. The patient had used a TENS unit for this injury. Patient had received ESIs

for this injury. The patient has had EMG of the lower extremity in the past that revealed radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Return to clinic, 1 week for Osteopathic manual manipulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, page 58-59.

Decision rationale: Return to clinic, 1 week for Osteopathic manual manipulation. Per the MTUS guidelines regarding chiropractic treatment, "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." In addition the cite guideline states "Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." The patient had received an unspecified number of the chiropractic and 22 PT visits for this injury. The notes from the previous rehabilitation sessions were not specified in the records provided. There was no evidence of significant progressive functional improvement from the previous chiropractic visits therapy that is documented in the records provided. The records submitted contain no accompanying current chiropractic evaluation for this patient. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. The request for Return to clinic, 1 week for Osteopathic manual manipulation is not medically necessary for this patient.