

Case Number:	CM15-0181797		
Date Assigned:	09/23/2015	Date of Injury:	05/28/2014
Decision Date:	10/29/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/15/2015

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 29 year old female, who sustained an industrial injury on 5-28-14. The injured worker was diagnosed as having chronic pain syndrome; chronic cervical pain; chronic lumbar pain. Treatment to date has included chiropractic therapy; lumbar epidural steroid injections L4-5; medications. Currently, the PR-2 notes dated 8-10-15 indicated the injured worker was in the office as a follow-up visit. The provider documents the reason for the follow-up is complaints of "persistent low back and bilateral leg pain with numbness and weakness; left knee pain; newer onset of neck and shoulder pain, more left than right; fascial dermatitis; new onset of dyspareunia; anxiety; insomnia; constipation and hair loss." The provider's assessment details "1) Chronic pain syndrome secondary to persistent lumbar radiculopathy due to disc herniation L4-L5 per MRI scan 9-2-14 with no benefit following one epidural steroid injection on 2-9-15. Electrodiagnostic testing on 5-12-15 was normal. 2) Chronic pain syndrome secondary to chronic musculoligamentous strain, lumbar spine. 3) Chronic pain syndrome secondary to chronic musculoligamentous strain, cervical spine, rule out cervical radiculopathy secondary to cervical disc herniation. 4) Left knee pain consistent with subacute tendonitis bursitis, possibly due to compensatory changes related to abnormal gait from lumbar disc injury. 5) Constipation related to opioid and nonopioid analgesic use. 6) Facial and Truncal dermatitis consistent with rosacea, currently under treatment. 7) Alopecia of undetermined etiology. 8) Anxiety and depression related to chronic pain. 9) Dyspareunia of undetermined etiology. 10) Stomach pain related to gastroesophageal reflux following use of oral medications for pain control." The provider notes the injured worker is being treated by internal medicine

provider for complaints of heart palpitation and also "rash over the trunk and face". He documents "Overall, the patient's pain condition ranges from a 4-8 on a 0-10 scale. She describes pain in multiple areas, primarily in the low back with pain radiating into the legs, associated with numbness and weakness. The pain is also in the neck radiating to the upper extremities with numbness, weakness. She does complain of residual left knee pain. The patient reports that without medications her pain level is an 8 aggravated; after standing or sitting for just a few minutes, bending or twisting. As a result, she has extreme difficulty with simple activities of daily living including personal hygiene, self-dressing, light to moderate housework, food preparation, and taking care of her small children." The provider notes that her pain levels drop to a "2-3 for hours at a time." He also notes "The patient has never demonstrated any aberrant behaviors or behaviors consistent with addiction related to her medications." The injured worker reports she experienced some benefit with physical therapy. On physical examination, the provider notes Lumbar spine: range of motion is reduced. Forward flexion 45 degrees, right and left rotation 20 degrees, extension 10 degrees. Palpation: there is moderated to severe tenderness over the lumbar paravertebral and gluteal muscles. There is localized are of muscle induration and tenderness at approximately L4 to the slightly to the right. Straight leg raising test is positive bilaterally to 80 degrees. Decreased range of motion of the right shoulder with tenderness. The patient has persistent sensory deficits along the left L4, L5 and S1 dermatomes. Deep tendon reflexes of the Achilles tendon are reduced to 1+ bilaterally. There is mild weakness of the left gastrocnemius, anterior tibialis, and extensor hallucis longus. Gait is slightly antalgic to the left. A Request for Authorization is dated 8-24-15. A Utilization Review letter is dated 8-21-15 and non-certification was for Chiropractic care 2 times a week over 12 weeks. Utilization Review denied the requested treatment for not meeting the CA MTUS and ACOEM Guidelines. Utilization Review Letter states "There is no evidence that prior Chiropractic management, 6 sessions certified on July 14, 2015 has resulted in an y significant functional improvement consistent with the above definitions since there has been no documented change-improvement in ADL's [activities of daily living] or work restrictions, no reduction in the dependency on continued treatment, and no other objectively quantifiable improvement in any other parameter." The provider is requesting authorization of additional chiropractic care 2 times a week over 12 weeks (24 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care 2 times a week over 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Manipulation.

Decision rationale: The patient has received chiropractic care for her lumbar spine injury in the past. The past chiropractic treatment notes are not present in the materials provided. The total number of chiropractic sessions provided to date are unknown and not specified in the records

provided for review but it has been reported that 6 sessions were authorized in July 2015. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months 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." There has been no objective functional improvements with the care in the past per the treating physician's progress notes reviewed. The 24 additional sessions requested far exceed The MTUS recommendations. I find that the 24 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.