

Case Number:	CM15-0206287		
Date Assigned:	10/23/2015	Date of Injury:	01/12/2012
Decision Date:	12/04/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/20/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 58-year-old female with an industrial injury dated 01-12-2012. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic sprain and strain and lumbar radiculopathy. According to the progress note dated 08-26-2015, the injured worker reported low back pain (right side greater than left side) and mid back pain with radiation to the rib cage. The injured worker reported difficulty breathing due to her pain. Pain level was 10 out of 10 on a visual analog scale (VAS). The injured worker also reported low back pain radiation down the right lower extremities to toes. Objective findings (08-26-2015) revealed diffuse tenderness of the thoracic and lumbar midline and bilateral paraspinals with decrease thoracic and lumbar range of motion. There was altered sensation on the left L4 and S1 and right L5 dermatomes noted on exam. X-ray of the lumbar spine dated 08-26-2015 revealed moderate to severe disc space narrowing at L5-S1, L4-5 facet arthropathy and grade 1 spondylolisthesis. X-ray of the thoracic spine dated 08-26-2015 revealed no acute bony abnormality or fracture. Treatment has included Magnetic Resonance Imaging (MRI) of right shoulder and lumbar spine on 2-24-2012, X-rays on 08-26-2015, transcutaneous electrical nerve stimulation (TENS) unit, prescribed medications, 3-4 session of chiropractic treatment with mild relief, 4-5 sessions of physical therapy with significant relief, and periodic follow up visits. The injured worker remains on temporary total disability. The utilization review dated 10-07-2015, modified the request for Chiropractic 2 x3 (original: 2 X 4) for the back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 X 4 for the back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

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) Pain section, Manual therapy & manipulation.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic sessions two times per week times four weeks to the back are not medically necessary. Manual manipulation and therapy is that recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are thoracic pain; lumbar radiculopathy; lumbar spondylolisthesis; cervical radiculopathy; and possible cervical compression fracture. Date of injury is January 12, 2012. According to an October 9, 2015 progress note, subjective complaints include the, mid and low back and right shoulder pain. The injured worker received 4-5 physical therapy sessions with significant improvement. The injured worker received three - four chiropractic treatments with significant relief. There are no chiropractic session notes in the medical record. There is no documentation demonstrating objective functional improvement from prior chiropractic sessions. Objectively, there is tenderness to palpation over the thoracic and lumbar paraspinal muscles. Range of motion was decreased and there is normal motor function. As noted above, the documentation from prior chiropractic treatment does not demonstrate objective functional improvement. The guidelines recommend a six visit clinical trial. The injured worker received 3-4 chiropractic sessions. There is no objective functional improvement documented and, as a result, additional chiropractic treatment over the recommended guidelines for a six visit clinical trial is not clinically indicated. Based on clinical information and medical records and the peer-reviewed evidence-based guidelines, chiropractic sessions two times per week times four weeks to the back are not medically necessary.