

Case Number:	CM15-0235734		
Date Assigned:	12/11/2015	Date of Injury:	06/23/2013
Decision Date:	01/15/2016	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	12/02/2015

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: Pennsylvania
 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 is a 42-year-old female, who sustained an industrial injury on 6-23-13. The injured worker was diagnosed as having cervical degenerative disc disease with protrusion; lumbar degenerative disc disease with protrusion. Treatment to date has included physical therapy; chiropractic therapy; medications. Currently, the PR-2 notes dated 10-6-15 are hand written and difficult to decipher. The notes appear to indicate the injured worker complains of low back pain and pain down the hips with right greater than left. He reports increased leg symptoms with prolonged walking and standing. The provider also notes a physical examination with positive tender to palpation paraspinal muscles and positive right straight leg raise. His treatment plan was requesting chiropractic therapy and acupuncture for the cervical and lumbar spine and a TENS unit for home use. Physical therapy notes were submitted and one note dated 9-4-15 was typed indicating the injured worker complained of pain and tightness to the cervical and lumbar spine. The provider documents "On a scale of 0 to 10 the patient rates their pain today as 7." Trigger point sensitivity is moderate; muscle tone is hypertonic; patients exhibits good positive; displays normal and is not working. Physical examination is noted as "Tender to palpation at cervical paraspinals; right upper trapezius, left upper trapezius and CT junction. Tender to palpation at the lumbar spine, right lumbar paraspinals and left lumbar paraspinals." Submitted Agreed Medical Examination (AME) dated 6-19-14 indicated the injured workers has had multiple physical therapy sessions and treated with medications for cervical and lumbar pain. It was recommended she has epidural steroid injections but none had taken place. This documentation also notes the injured worker is a diabetic. The report also reviews a cervical MRI

dated 8-22-13 revealing mild multilevel disc findings and lumbar MRI dated 10-4-13 revealing disc bulges with foraminal narrowing and facet hypertrophy. Utilization Review dated 11-10-15 certified acupuncture 2 times a week for 3 weeks (6 sessions). The provider requested additional acupuncture that was not certified. A Request for Authorization is dated 12-2-15. A Utilization Review letter is dated 11-10-15 and non-certification for Additional chiropractic, lower back area, lumbar and-or sacral vertebrae, multiple upper extremities, left shoulder, 2 times weekly for 4 weeks, 8 sessions. A request for authorization has been received for Additional chiropractic, lower back area, lumbar and-or sacral vertebrae, multiple upper extremities, left shoulder, 2 times weekly for 4 weeks, 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic, lower back area, lumbar and/or sacral vertebrae, multiple upper extremities, left shoulder, 2 times weekly for 4 weeks, 8 sessions: 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 rationale: Manual therapy such as chiropractic is recommended for chronic pain if caused by musculoskeletal conditions. It is recommended as an option for low back pain. A trial of 6 visits over 2 weeks is appropriate. With evidence of objective improvement, up to 18 visits over 6-8 weeks is appropriate. Maintenance care is not medically necessary. This worker has been receiving chiropractic with no objective evidence of improvement. Continued chiropractic is not appropriate.