

Case Number:	CM13-0034167		
Date Assigned:	12/06/2013	Date of Injury:	08/14/2009
Decision Date:	06/16/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/11/2013

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. The expert reviewer is Board Certified in Chiropractic, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 39 year old male who sustained a work-related injury to his thoracic and lumbar spine on 8/14/09 while working as a loader/unloader. On 9/9/09, an MRI of the lumbar spine revealed T1-T12 mild loss of intervertebral disc height, anterior disc protrusion endplate osteophyte complex at T12-L1 deforming the inferior endplate of T12 and superior endplate of L1 consist with Schmorl's Node, anterior disc protrusion endplate osteophyte complex at L1-L2 with deformity to the inferior endplate of L1 and superior endplate of L2, an anterior disc protrusion endplate osteophyte complex at L2-L3 with deformity to the inferior endplate of L2 and superior endplate of L3, an anterior disc protrusion endplate oestophyte complex at L4-L5 with mild facet arthropathy, and L5-S1 disc desiccation with a mild loss of posterior veterbral disc height. A 5/12/10 EMG/NCV study of the bilateral lower extremity revealed mild to moderate chronic bilateral L5-S1 radiculitis. On 7/14/10, a lumbar spine operation was performed. Diagnoses included status post lumbar spine anterior/posterior fusion of L5-S1, solid; mild degenerative joint disease and transitional hypertrophy of the facet joints at L4-L5; and thoracic sprain strain. On 11/5/10, the patient underwent a CT scan of the lumbar spine. On 01/18/11, the patient underwent an MRI of the lumbar spine. On 2/24/12, a CT scan of the lumbar spine confirmed post surgical diagnosis. On 2/28/12, an MRI of the lumbar spine confirmed post surgical diagnosis. On 6/6/12, EMG/NCV studies of the bilateral lower extremities were normal. On 1/25/13, EMG/NCV studies of the bilateral upper extremities were normal. Treatment has consisted of medications, physical therapy, chiropractic care, and surgical procedures for the thoracic and lumbar spine. The patient has been declared permanent and stationary and has had an agreed medical examination. There was no chiropractic documentation from the treating chiropractor included as to the number of visits used to date or the objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC 2 TIMES A WEEK FOR 4 WEEKS THORACIC SPINE AND LUMBAR SPINE: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of chiropractic manipulation is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation of the low back is recommended with an initial trial of six visits over two weeks, and, with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks may be recommended. There is no documented number of chiropractic treatment visits used to date. No objective measurable gains in functional improvement have been provided within the medical records available for review. As such, the request is not medically necessary.