

Case Number:	CM13-0063176		
Date Assigned:	12/30/2013	Date of Injury:	06/22/2010
Decision Date:	09/26/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 Family Medicine 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 50 year old female with a date of injury on 6/22/10. She was twisting while opening boxes which resulted in low back pain. The request is for 6 additional chiropractic sessions with 6 completed to date, according to the records. A 6/19/13 electromyography revealed lumbar radiculopathy at L4/5, mild evidence of active denervation, and probable sciatic associated neuropathy. Magnetic resonance imaging showed evidence of mild lumbar spondylosis. A 7/20/13 qualified medical evaluator reported continued bilateral lower extremity pain, numbness, tingling, and weakness in the legs. The summary noted electrodiagnostic evidence of L4/L5 radiculopathy as well as sciatic neuropathy. She is at a high risk for opioid abuse. Her diagnoses are lumbar spondylosis, radiculopathy, resolved lumbar strain, and psychiatric disorder. The assessment notes that the injured worker is not a surgical candidate and is unlikely to have improvement by an epidural steroid injection. She was released to full duty. On 11/14/13, the injured worker presented with continued complaints of numbness and tingling bilateral in the lower extremities with increased pain and weakness. She reported falling occasionally. She reported having 6 sessions of chiropractic therapy with good relief, improved range of motion, resolution of headaches, and increased ability to perform activities of daily living. She is able to walk up stairs; she sleeps better, and has an improved mood.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 CHIROPRACTIC SESSIONS (2 TIMES A WEEK FOR 3 WEEKS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Manual Therapy and Manipulation Page(s): 98-99; 58.

Decision rationale: The requested treatment is not recommended per the medical treatment guidelines. On 11/14/13, 29 months post injury, the injured worker presented with radicular symptoms of numbness and tingling in the lower extremities. An electromyography done on 6/19/13 reflected lumbar radiculopathy. The Medical Treatment Utilization Schedule guidelines note that chiropractic treatment is not recommended for neuropathic pain, or radicular pain disorders. Therefore, the 6 chiropractic sessions (2 times a week for 3 weeks) is not considered medically necessary.