

Case Number:	CM14-0124495		
Date Assigned:	09/25/2014	Date of Injury:	08/26/2011
Decision Date:	10/27/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/06/2014

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 a licensed Chiropractor, 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 patient is a 48-year-old female born on 08/22/1966. On 08/26/2011, while working as a record clerk, she noticed the onset of low back pain after squatting and leaning forward to retrieve medical records on a shelf. On 12/01/2011, a medical provider requested authorization for a series of chiropractic treatments. On 02/09/2012, the patient reported some improvement in low back pain with chiropractic treatments, and the medical provider requested authorization for additional chiropractic visits. The patient completed her 48th PT session on 09/11/2013 with the diagnosis noted as lumbar strain. The patient underwent left diagnostic sacroiliac joint injection on 10/18/2013. The patient underwent Agreed Medical Evaluation on 10/30/2013 (report date 11/06/2013) regarding the lower back and bilateral lower extremities, rating her pain 6-8/10, with occasional exacerbation to 10/10. The patient was temporarily totally disabled, and she was expected to be at [REDACTED] by April of 2014. In spine specialist's consultation on 03/21/2014, she reported worsening back and left greater than right leg pain, despite conservative care for the past 3 years. Treatments to date had included anti-inflammatory medication, pain medication, physical therapy, chiropractic and 3 epidural injections. By examination on 03/21/2014, she had difficulty with ambulation, there was palpatory pain over the left L4-5, palpable paraspinal muscle spasms, lumbar flexion 10% normal, extension 0% normal, bilateral lateral bending 40% normal, extension 60 caused pain radiating to the left foot and negative on the right, SLR positive on the left side, decreased light touch sensation of the left L5 distribution, left extensor hallucis longus 4/5 motor strength, and all other lower extremity motor strength 5/5. The patient underwent lumbar spine MRI study on 04/11/2014 with findings of lumbar spine degenerative disc disease, congenital narrowing of the pedicles from L2-L4, L3-4 disc protrusion, L4-5 disc bulge and L5-S1 disc bulge with right paracentral disc protrusion. On 05/02/2014, she underwent caudal epidural injection. The patient was seen in medical reevaluation on 06/13/2014 with

complaints to include low back and leg pain. Treatments had included anti-inflammatory medications, pain medications, physical therapy, chiropractic and epidural injections. On physical examination, motor strength was 5-/5 in bilateral lower extremities, SLR negative in bilateral lower extremities, sensation intact, and pain to palpation over the L4-5 and L5-S1 areas. Diagnoses were reported as 1. Disc protrusion, L3-4 and L5-S1, 2. Facet syndrome, 3, sacroiliac joint pain, and 4. Multilevel foraminal stenosis. Although no chiropractic records were provided for this review, case management information indicates the patient had treated with 12 chiropractic sessions prior to the request for 6 chiropractic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro x 6 sessions for L-Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care and Treatment/manipulations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Page(s): 58-60.

Decision rationale: The request for 6 chiropractic visits to the lumbar spine is not supported to be medically necessary. MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. Although no chiropractic documentation was provided for this review, case management information indicates the patient had treated with 12 previous chiropractic sessions. The records do not provide evidence of measured objective functional improvement with a trial of up to 6 visits over 2 weeks of manual therapy and manipulation, there is no comparative measured evidence of a recurrence/flare-up, there is no measured documentation of prior treatment success, and elective/maintenance care is not supported; therefore, the request for 6 chiropractic visits is not supported to be medically necessary. MTUS (Medical Treatment Utilization Guidelines) does not support medical necessity for the request of 6 Chiropractic visits to the lumbar spine.