

Case Number:	CM14-0147118		
Date Assigned:	09/15/2014	Date of Injury:	11/05/2002
Decision Date:	10/15/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	09/10/2014

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 licensed in Chiropractic, has a subspecialty in Acupuncture and is licensed to practice in New York. 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:

Upon review of the medical records provided the applicant was a 52 year old male who sustained an industrial injury that occurred on November 2, 2002 while employed by [REDACTED]. The records indicated an initial injury that occurred on or about 7/23/09 when he fell about 20 or 25 ft while working on a freeway sign. He sustained an injury to the lower back. He is a construction laborer building highways. The records indicated that he worked for a month and then took off work for a month. When he returned to work his lower back become slowly worse and at that time he was promoted to a heavy equipment operator. It was in November of 2002 when he went back out of work. Thus far, treatment has consisted of chiropractic since December of 1999, massage and Norco medication. An MRI of the lumbar spine demonstrated a disc herniation L5/S1. The applicant underwent surgery where a hemilaminotomy and discectomy at L5/S1 was performed on 5/13/03. He did get some relief from surgery. MRI of the lumbar spine was also performed on 1/24/13 which demonstrated disc degeneration at L4/5 and at L5/S1. Disc collapse is visible at L5/S1, there is some lateral recess stenosis visible at L5/S1 on the left side and bilaterally at L4/5. The applicant underwent a transforaminal epidural steroid injection at L4/5 under fluoroscopic control on 3/22/13. As per a PR-2 report dated 1/22/14 and 2/5/14, 3/13/14, it was noted that the applicant is receiving chiropractic treatment and the adjustments allow him to perform both work and home/self-duties with minimal discomfort. At this time chiropractic treatment was recommended one time per week for 8 weeks. Subjective complaints were indicated as lower back pain mainly on the left side. A diagnosis was given as: lumbar disc syndrome, low back pain and increase/decrease sacral base angle. Upon review of PR-2 report dated 5/8/14 the applicant presented with complaints of severe lower back pain mainly on the left side. The pain along with numbness radiates into the left buttock and into his leg. Objective findings revealed: mild hypertonicity of left lumbar

paraspinal muscle, decreased lumbar extension with pain, biomechanical dysfunction L4/5 and tenderness of left piriformis. A request was for 4-6 chiropractic adjustments over the next 8 weeks along with various soft tissue mobilizations as well as a request for massage therapy. At this time the doctor indicated there is a flare-up. There was no specific information of how the flare-up/recurrence occurred. In a utilization review report dated 8/9/14 the reviewer determined six chiropractic treatments were non-certified. The reviewer indicated that the available progress notes failed to indicate any significant quantified evidence of a subjective or functional improvement as a result of prior chiropractic care or medication. The applicant has surpassed a total of 18 chiropractic visits without documentation of any significant evidence of objective functional improvement. The reviewer referenced the CA MTUS Chronic Pain Medical Treatment Guidelines-Manual Therapy & Manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 request for 6 chiropractic treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8.C.C.R. 9792.20-9792.26 MTUS Manual Therapy & Manipulation Chapter Page(s): 58-60.

Decision rationale: As per the CA MTUS Chronic Pain Medical Treatment Guidelines-Manual Therapy & Manipulation-Low Back. The guidelines indicate for recurrences/flare-ups-Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The request for 6 chiropractic treatments to the lumbar spine is not medically necessary or appropriate. This exceeds the guideline recommendations and the guidelines do not allow for any modifications of treatment.