

Case Number:	CM14-0152464		
Date Assigned:	09/22/2014	Date of Injury:	03/26/2013
Decision Date:	10/30/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/18/2014

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 Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Louisiana. 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 39 year old female who was injured on 03/26/2013. The mechanism of injury is unknown. She has been treated conservatively with acupuncture, physical therapy, and chiropractic treatment which seemed to help temporarily. Diagnostic studies reviewed include MRI of the lumbar spine dated 04/16/2014 revealed bilaterally L5 pars defects with grade I L5-S1 anterolisthesis; broad-based posterior left foraminal and far lateral disc protrusion at L5-S1 measuring 5-6 mm, causing moderate neural foraminal encroachment and contacting the exiting L5 nerve root; and stable posterior angulation and displacement of the tip of the conus medullaris at the L2 level again raises the possibility of spinal cord tethering. Progress report dated 08/04/2014 indicates the patient has complaints of low back pain with no radicular symptoms. Objective findings on exam revealed tenderness to palpation of the lumbar spine with mild spasm. Lumbar spine flexion is 60 degrees; extension at 20 degrees and lateral bending to the right and left is 20 degrees. She had reproducible pain on motion. She was diagnosed with herniated disc 6 mm, L5-S1 and spondylolisthesis L5 on S1, improving. The patient was recommended for chiropractic treatment and prescribed Ambien 5 mg #60. Prior utilization review dated 08/22/2014 states the request for Additional Chiropractic Treatment of the Lumbar Spine, 3 times a week for 4 weeks (12 visits) is denied medical necessity has not been established; Retrospective Ambien 5mg #60 (date of service 08/04/14) is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Treatment of the Lumbar Spine, 3 times a week for 4 weeks (12 visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Manual therapy & manipulation.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend Manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions and is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine 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. Low back: recommended as an option. Therapeutic case requires trials of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. In this case, there was 8 chiropractic sessions completed with no functional improvement and the request for additional sessions would exceed the suggested amount recommended by the guidelines therefore, this request is not medically necessary at this time.