

Case Number:	CM14-0149810		
Date Assigned:	09/18/2014	Date of Injury:	06/18/2009
Decision Date:	01/02/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/15/2014

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:

According to the available medical records, this is a 40 year old male with chronic pain in the neck and low back, date of injury is 06/18/2009. Previous treatments include acupuncture, physical therapy, medications, home exercise programs, cervical discectomy and fusion, lumbar epidurals injections, aqua therapy, TENS unit. Progress report dated 07/16/2014 by the treating doctor revealed patient presented with chronic neck and low back pain. The patient reports for a postoperative appointment following his lumbar epidural steroid injection performed about one week ago, his pain level dropped down to 3/10 from 7/10 on visual analog scale (VAS) and he notices better range of motion (ROM) and is able to perform more activities with less pain. Magnetic resonance imaging (MRI) of the lumbar spine (DOS 02/08/2013) revealed L5-S1 mild loss of disc height and disc dessication, broad based disc bulge is seen measuring 4.5mm, it is touching the S1 nerve roots without obvious impingement or displacement, mild facet arthropathy is seen at this level. Examination of the lumbar spine revealed nontender to palpation at the lumbosacral junction, ROM is full with flexion, extension and rotation bilaterally, sensation decreased to light touch at the left lower extremity at the left calf compared to the right, motor strength was 5 out of 5 bilateral lower extremities, DTR were 2+ and equal at the patella and Achilles, straight leg raise was negative bilaterally. Twelves sessions of chiropractic treatment for the low back is requested. The patient had a trial back to full duty work as of 05/06/2014 but he has not been able to return back to work yet. Appeal letter dated 08/08/2014 by the treating doctor modified the request from 12 sessions of chiropractic care to 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy treatment to the lumbar spine for 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59.

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

Decision rationale: The claimant present with significant improved in low back pain after epidural injections. The progress report dated 07/16/2014 noted 3/10 low back pain, there is decreased in light touch sensation on the left lower extremities, the remaining physical examination of the lumbar spine is unremarkable, and the claimant was given a trial of full work duties. Reviewed of the available medical records also noted the claimant has had home exercise programs. Based on the guidelines, the claimant is willing and able to return to productive activities, there is no positive symptomatic or objective measurable gains in functional improvement that is expected to achieve with chiropractic manipulation. Therefore, the request for 6 sessions of chiropractic treatment to the lumbar spine is not medically necessary.