

Case Number:	CM14-0210918		
Date Assigned:	12/23/2014	Date of Injury:	06/23/2014
Decision Date:	02/23/2015	UR Denial Date:	11/27/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 presents with a work-related injury on June 23, 2014. On November 19, 2014 the patient complained of low back pain radiating up to her upper extremities and down her bilateral lower extremity. The physical exam was significant for antalgic gait with the use of a single prime cane, tenderness in the paralumbar musculature and paravertebral facet changes, tenderness toward the left leg, range of motion is limited, motor weakness noted throughout the left leg, and straight leg raising is positive at 70. MRI of the lumbar spine 2014 was significant for multilevel degenerative changes noted in the lumbar spine, more notable at L4 - L5 and L5 - S1 levels with disc and facet disease contributing to know foraminal narrowing, most noble in the left side, minimal central canal stenosis at L5 - S1 level due to degenerative changes, and partial visualization of cystic changes in the right side measuring 2.2 cm in the pelvis and 1.3 in the left side, likely representing ovarian cysts The patient was diagnosed with lumbar spine sprain/strain; multilevel degenerative changes in the lumbar spine, most noble at L4 - L5 and L5 - one levels with this and facet the per MRI, lumbar spine radiculopathy, and left lower leg pain. The provider recommended a chiropractic treatment as well as electrodiagnostic.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic Visits, 2 x4 weeks for the Lumbar Region, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 60.

Decision rationale: 8 Chiropractic Visits, 2 x4 weeks for the Lumbar Region, as an outpatient is not medically necessary. Per CA MTUS Chiropractor therapy is considered manual therapy. This therapy is recommended for chronic pain caused by musculoskeletal conditions. Manual therapy as well as the use in the treatment of muscular skeletal 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. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion but not beyond the anatomic range of motion. For low back pain manual therapy is recommended as an option. Therapeutic care requires a trial of six visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective maintenance care is not medically necessary. For recurrences/flare-ups the need to reevaluate treatment success, if return to work achieved then 1-2 visits every 4-6 months. A request for chiropractor therapy for the lumbar spine x 8 does not meet Ca MTUS guidelines. The medical records shows documentation that physical therapy was ordered; however, there is lack of documentation of the patient response to this therapy; Chiropractor therapy is not medically necessary when it is not known if the patient was compliant or responsive to physical therapy.