

Case Number:	CM14-0216153		
Date Assigned:	01/06/2015	Date of Injury:	07/16/2013
Decision Date:	03/18/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/24/2014

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: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year old male was a gardener when he sustained an injury on July 16, 2013. The injury occurred when lifting and moving a 500-pound tree trunk with 3 co-workers. They moved the tree trunk up 13 stairs, with him positioned at the bottom. He felt a crack in the back and immediate pain approximately 3 stairs up, but was able to continue up the rest of the stairs. He reported neck and lower back injuries. Past treatment included back brace, x-rays, physical therapy, activity modifications, and pain, anti-inflammatory, and muscle relaxant medications. The records show 12 sessions of physical therapy with hot packs, electro-stimulation, and creams from August 26, 2014 to October 8, 2014. The injured worker did not find the physical therapy to be beneficial. The records refer to a prior course of chiropractic therapy, but do not provide specific dates of service or results. On August 27, 2014, an MRI of the lumbar spine revealed central, left, and right paracentral disc extrusion with left paracentral superior migration and right paracentral inferior migration of the disc with a ventral impression on the thecal sac and mild central canal stenosis at L4-5. There was moderate bilateral lateral recess stenosis with potential for impingement upon either the L5 nerve roots emerging from the thecal sac. At L5-S1, there was moderate to severe degenerative loss of disc height, posterior vertebral spurring, a bulging disc with moderate bilateral foraminal stenosis, mild flattening of the right L5 nerve root and potential source of right L5 radiculopathy. There were degenerative changes L1-L2-L3 and L3-L4 levels without evidence of nerve root impingement. At T11-T12 (thoracic11-thoracic12), there was right foraminal disc protrusion, mild right foraminal stenosis, and no evidence of nerve root impingement. On November 25, 2014, the primary treating physician noted mid and lower

back pain with right lower extremity radiculopathy. The physical exam revealed positive tenderness to palpation and spasm of the lumbar paraspinal muscles, more on the right than the left. There was a positive right straight leg raise and decreased lumbar range of motion. Diagnoses were cervical, thoracic, and lumbar sprain/strain and right lower extremity sciatica. The physician noted the injured worker had not had chiropractic treatment in more than one year and he had exhausted physical therapy. The injured worker wanted to try all conservative treatment prior to having surgery, which was recommended by the agreed medical evaluator. The treatment plan included 6 sessions of chiropractic trial over 2 weeks and if functional improvement will request additional. Current work status is modified. On December 12, 2014, Utilization Review non-certified a prescription for 12 visits of chiropractic therapy requested on November 4, 2014. The chiropractic therapy was non-certified based on the requested 12 treatments exceeded the guideline recommendations of a 6 visit trial over 2 weeks. There was lack of documentation of prior chiropractic therapy in over 1 year and the response to that treatment. There was no evidence of significant benefit from the prior chiropractic therapy to support additional treatment now after 1 year. The Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, recommendations regarding manipulation was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 3 x 4 to the cervical and lumbar spine: Upheld

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

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

Decision rationale: Patient has had prior chiropractic treatments over a year ago; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 3X4 chiropractic sessions for lumbar spine. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 3X4 Chiropractic visits are not medically necessary