

Case Number:	CM14-0218277		
Date Assigned:	01/07/2015	Date of Injury:	05/16/1988
Decision Date:	03/17/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/30/2014

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

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 61 year old worker has a date of injury 05/16/1988. The injured worker (IW) has chronic moderate to severe low back pain. Diagnoses are lumbar spondylosis, lumbar facet syndrome, and lumbar segmental dysfunction. A decompressive laminectomy at L4-5 with non-segmental posterior spinal instrumentation was done 06/05/2014 from he was doing well until he began experiencing backache and rare leg symptoms. On provider notes of 07/14/2014, a two view lumbar x-ray was obtained that showed the hardware from the laminectomy to be in good position. The IW takes daily low dose aspirin, atorvastatin, fosinopril, ibuprofen, and metformin. In the primary treating physician's progress report (PR2) of follow up 07/18/2014, the IW was doing well and physical therapy was ordered 2x a week four weeks. On 09/02/2014, the IW was seen by a chiropractic physician who planned specific spinal adjustments with active exercise/stretch therapy and passive physical therapy with a goal of reducing and preventing pain flare ups and providing an exercise and stretch program for home. By 11/11/2014, the provider reports that the IW has residual low back pain that interferes with activities of daily living and rated 7/10 on average and 9/10 after lifting or prolonged sitting or standing. Objective findings were Lumbar flexion of 80/90+, extension 20/30 limited, global lumbar sacral range of motion was guarded and the back was tender to palpation. The treatment plan for 11/11/2014 was unchanged. A request for authorization was submitted 11/11/2014 for Unknown Chiropractic Treatments 6 treatments x 6 weeks between 11/11/2014 and 1/25/2015. Documents reviewed by the utilization review agency included submitted medical records from 05/05/2014 through 11/11/2014. A Utilization review decision was submitted on 12/02/2014 Unknown Chiropractic

Treatments 6 treatments x 6 weeks between 11/11/2014 and 1/25/2015 citing California Medical Treatment Utilization Schedule (CA MTUS) Manual Therapy & Manipulation, and Massage/Myotherapy, and Neuromuscular electrical Stimulation and Official Disability Guidelines (ODG), Low Back Lumbar & Thoracic (acute & chronic). An application for independent medical review was submitted on 12/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Chiropractic Treatments between 11/11/2014 and 1/25/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, and Massage/Myotherapy, and Neuromu. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Lumbar & Thoracic (acute & chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding ma.

Decision rationale: The medical necessity for the requested 6 additional chiropractic treatments was not established. The claimant underwent decompressive laminectomy surgery in June 2014. On 7/18/2014 the orthopedic surgeon release the claimant to begin a course of postoperative therapy consisting of therapeutic exercise. The claimant then presented to the office of [REDACTED], on 9/2/2014 for an evaluation. The claimant noted pain levels that 4/10 at best becoming 7/10 at worst with 6/10 on average. Range of motion findings of the lumbar spine were slightly reduced. The claimant began a course of 6 chiropractic treatments with active exercise/stretch therapy and passive physical therapy. The 11/11/2014 evaluation revealed pain levels of 7/10 on average becoming 9/10 at worst. Ranges of motion findings were the same. There was no quantification of functional improvement as a result of the initial 6 treatments. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." Therefore, given the absence of documented functional improvement as a result of the treatments, the medical necessity for the requested 6 additional treatments was not established.