

Case Number:	CM14-0218476		
Date Assigned:	01/08/2015	Date of Injury:	08/23/2007
Decision Date:	03/12/2015	UR Denial Date:	12/04/2014
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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 66-year-old female who reported an injury on 08/23/2007. The mechanism of injury was reported as a fall. Her diagnoses included lumbar radiculopathy, cervical radiculopathy, cervical degenerative disc disease, carpal tunnel syndrome bilaterally, left shoulder impingement, right shoulder arthralgia, and nonsteroidal anti-inflammatory induced gastritis. Her past treatments were noted to include 11 chiropractic therapy sessions, 14 acupuncture sessions, 3 transforaminal epidural steroid injections, and medications. Diagnostic studies include an unofficial MRI of the cervical spine performed on 08/15/2013 with findings that indicate diffusely degenerated discs without loss of disc height. In addition, there are minor disc herniations at C3-4, C4-5, and C5-6. Additionally, there was an MRI of the lumbar spine performed on 08/15/2013 with findings that include a 2 mm annulus bulge with moderate to moderate severe narrowing of the right neural foramina at L5-S1. There is contact of the exiting L5 nerve root without distortion. L3-4 shows minor annular bulge along the left foraminal outlet without narrowing. L2-3 shows disc dehydration. The injured worker's surgical history includes a semihemilaminectomy at bilateral L5 and S1 with microdissection of cauda equina and nerve roots performed on 08/25/2009. The injured worker presented on 10/23/2014 with complaints of ongoing neck and back pain which she rated a 5/10 to 7/10. She further reported that she had been developing increasing back pain with ongoing radiation of pain and numbness down her right arm into her fingers, as well as radiation of pain and numbness down both her legs into her toes. She reported severe bilateral leg pain, left greater than right. Upon physical examination, there was tenderness to palpation to the cervical, thoracic, and lumbar paraspinal musculature.

Lumbar paraspinal spasm is noted. Range of motion of the cervical, thoracic, and lumbar spine is decreased in all planes. Tenderness to palpation of the left S1 joint was noted. There was decreased sensation to the right C5, C6, and C7 dermatomes. There was decreased sensation to the right L4, L5, and S1 dermatomes noted. Motor examination was 4+/5 for the right deltoids, biceps, internal and external rotators, and right extensors and flexors. Motor exam was 4+/5 for the right tibialis anterior, EHL, inversion, plantarflexion, and eversion. Motor exam was 5-/5 for left tibialis anterior, EHL, inversion, plantarflexion, and eversion. The injured worker's motor examination was limited by pain. The injured worker had a straight leg raise bilaterally at 50 degrees which reproduced pain to the heels of the bilateral feet and a positive slump test bilaterally. Her current medication include Pamelor, capsaicin cream, Prilosec, and Voltaren since at least 10/23/2014. The treatment plan included additional chiropractic treatment for the cervical and lumbar spine. The rationale for the request was that the injured worker continues not to want surgery. A Request for Authorization form dated 10/23/2014 was provided within the documentation submitted for review. This 66 year old female sustained a work related injury on 8/23/2007. The mechanism of injury was reported to be injury from a fall. The current diagnoses are lumbar radiculopathy and herniated nucleus pulposus L5-S1 with moderate-to-severe- right neuroforaminal narrowing. According to the progress report dated 10/23/2014, the injured workers chief complaints were ongoing back pain, 5-7/10 on a subjective pain scale. She reports ongoing radiation of pain and numbness down both her legs into her toes. She has severe bilateral leg pain, left greater than right. The physical examination revealed tenderness to palpation over the lumbar paraspinal muscles with spasm. Range of motion was decreased. There was tenderness to palpation to the left S1 joint. There was decreased sensation to the right L4, L5, and S1 dermatomes. Straight leg raise test was positive bilaterally. Current medications are Prilosec, Elavil, and Terocin cream. The injured worker was previously treated with medications, 11 chiropractic therapy sessions, 14 acupuncture sessions, 3 TFESI (no relief), and surgery . The chiropractic therapy provided significant pain relief. On this date, the treating physician prescribed 6 chiropractic physiotherapy sessions to the lumbar spine, which is now under review. Work status is permanent and stationary. On 12/4/2014, Utilization Review non-certified a request for 6 chiropractic physiotherapy sessions to the lumbar spine, noting the MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six Chiropractic for the lumbar spine: 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.

Decision rationale: The request for 6 chiropractic for the lumbar spine is not medically necessary. The injured worker has ongoing low back pain. The California MTUS Guidelines recommend manipulation for the low back as an option for a trial of 6 visits over 2 weeks; with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The

documentation submitted for review indicated that the injured worker received significant benefit from chiropractic therapy in regards to decreasing her pain. However, there was no documentation submitted to provide objective functional improvement. Additionally, the guidelines state that elective and maintenance care is not medically necessary and recurrences and flare ups have to be re-evaluated for their treatment success. As the documentation failed to include the objective functional improvement from the previous chiropractic therapy, the request as submitted does not support the evidence based guidelines. As such, the request for 6 chiropractic for the lumbar spine is not medically necessary.

Six Physiotherapy for the lumbar spine: 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 Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy

Decision rationale: The request for 6 physiotherapy for the lumbar spine is not medically necessary. The injured worker has ongoing low back pain. The Official Disability Guidelines recommend 12 physical therapy visits for lumbosacral radiculitis. However, the guidelines also recommend a trial of 6 visits to assess if the injured worker is moving in a positive direction, no direction, or a negative direction prior to continuing with the physical therapy. The documentation submitted for review indicated that the injured worker has had extensive therapy but failed to include objective functional improvement from the previous therapy. In the absence of the aforementioned documentation, the request as submitted is not medically necessary. As such, the request for 6 physiotherapy visits for the lumbar spine is not medically necessary.