MAXIMUS Federal Services

Case Number:	CM15-0171746		
Date Assigned:	09/14/2015	Date of Injury:	07/30/2012
Decision Date:	10/21/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/31/2015

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:

The injured worker is a 40 year old male, who sustained an industrial injury on 07-30-2012. He has reported subsequent neck and low back pain and was diagnosed with musculoligamentous sprain of the cervical spine with upper extremity radiculitis, musculoligamentous sprain of the lumbar spine with lower extremity radiculitis and multiple disc protrusions in the cervical and lumbar spine. Treatment to date has included oral medication, lumbar and cervical epidural steroid injections, physical therapy and acupuncture which were noted to have provided only temporary relief of pain. Physical therapy notes from May 2015 and what appear to be acupuncture notes that are difficult to decipher were submitted. MRI of the lumbar spine dated 06-19-2014 showed grade 1 retrolisthesis of L5 over S1, focal left foraminal disc protrusion effacing thecal sac at L4-L5, facet hypertrophy and left neural foraminal stenosis and diffuse disc protrusion effacing the thecal sac at L5-S1 with facet hypertrophy and narrowing of right neural foramen. MRI of the cervical spine on 06-19-2014 showed early disc desiccation at C2-C3 and C6-C7 and diffuse disc protrusions effacing thecal sac at C3-C4, C4-C5 and C5-C6 with bilateral neuroforaminal narrowing of C4-C5 and C5-C6. A 06-23-2015 progress note indicated that the injured worker was reporting neck and low back pain that was rated as 4-5 out of 10. Medications were noted to provide temporary relief. Objective findings of the cervical spine showed tenderness to palpation of the occiputs, trapezieus, sternocleidomastoid and levator scapula muscles, decreased range of motion, positive cervical distraction and compression tests bilaterally, slightly diminished sensation over the C5-C8 and T1 dermatomes in the bilateral upper extremities. Objective findings of the lumbar spine showed pain with heel walking,

tenderness to palpation of the lumbar paraspinal muscles, quadratus lumborum and lumbosacral junction, trigger points at the PSIS, sciatic notch tenderness, decreased range of motion and positive Tripod, Flip and Lasegue's test bilaterally. The physician noted that the injured worker was to continue with course of physical therapy, chiropractic and acupuncture for the cervical and lumbar spine. In a progress note dated 07-22-2015 the injured worker reported continued 9 out of 10 neck pain, stiffness and limited range of motion, pain, numbness and tingling radiating down the arm and constant low back pain radiating to the legs with numbness and tingling. Objective examination findings showed tenderness over the bilateral posterior superior iliac spines. Work status was documented as modified. A request for authorization of chiropractic therapy 1-2 times a week for 4 weeks for the cervical-lumbar spine was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1-2 times a week for 4 weeks cervical or lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The medical necessity for the requested 8 additional chiropractic treatments was not established. 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." The claimant has undergone 16 sessions of therapy under this guideline. The recommended 2 additional treatments on peer review was appropriate and consistent with this guideline. The claimant has also undergone at least 32 physical therapy treatments. Additional passive therapy beyond the 18 treatments allowed by medical treatment utilization schedule guidelines is not supported. The 2 additional chiropractic treatments certified by peer review can be considered appropriate. Therefore, I recommend non-certification of the requested 8 additional chiropractic treatments and the request is not medically necessary.