

Case Number:	CM14-0140690		
Date Assigned:	09/10/2014	Date of Injury:	01/27/2010
Decision Date:	10/06/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is a licensed Doctor of Chiropractic and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

Upon review of the medical records provided the applicant was a 50 year old male who was involved in an industrial injury that occurred on January 27, 2010 while self-employed by [REDACTED]. He is employed as a truck driver. The applicant was struck by a semi-truck at a 45 degree angle. He sustained an injury to the lower back and middle back. Later on that evening he was evaluated at the ER where x-rays were performed, he was prescribed Vicodin and Valium ice/heat and prescribed three months of physical therapy. Thus far, treatment has consisted of 28 chiropractic treatments, home exercises, massage therapy, lower extremity EMG testing, medication including Gabapentin, physical therapy. MRI of the lumbar spine demonstrated an annular tear at L4/5 and diverticula of the S2 nerve root sleeve. Upon review of PR-2 chiropractic report a diagnosis was given as thoracic sprain, lumbar pain, lumbosacral pain and right and left SI joint pain. Upon review of medical report dated 8/4/14 the applicant subjectively complained of lumbar pain 4-7/10 with an average of 5/10. Prior to chiropractic treatment his pain was rated as a 9/10. His left leg pain ranges from a 2-4/10 and right leg 2-4/10 with an average of a 3/10. Thoracic and lumbar ranges of motion were indicated as being decreased in all planes of motion, Kemps testing was positive for local pain there was no radicular pain, straight leg raise of the right at 65 degrees did not cause any pain or numbness and on the left at 60 degrees causing pain and numbness, there was moderate tenderness at T1--L5, hypoesthesia for the right L4 nerve root and bilateral S1 nerve root. Muscle weakness was observed. Lower extremity reflexes were normal. A working diagnosis was given as: lumbar and thoracic sprain/strain, myofascial pain syndrome (thoracic and lumbar, paresthesia and intervertebral disc syndrome L4/5. In a utilization review report dated 8/25/14, the reviewer determined six visits of chiropractic treatment to the lumbar and thoracic spine was not medically necessary. At the same time the chiropractic treatments were requested so was pain

management for trigger point injections and bilateral EMG lower extremity testing. The reviewer indicated if conservative treatment were anticipated to result in functional improvement the trigger point injections and EMG testing would not be pursued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic - 6 Treatment (Lumbar & Thoracic Spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8.C.C.R. 9792.20-9792.26 MTUS Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: The applicant was a 50 year old male who was involved in an industrial injury that occurred on January 27, 2010 while self-employed by [REDACTED]. He is employed as a truck driver. The applicant was struck by a semi-truck at a 45 degree angle. He sustained an injury to the lower back and middle back. Treatment has consisted of chiropractic treatment, home exercises, massage therapy, lower extremity EMG testing, medication including Gabapentin, physical therapy. Upon review of PR-2 chiropractic report a diagnosis was given as thoracic sprain, lumbar pain, lumbosacral pain and right and left SI joint pain. The proposed chiropractic treatment for six visits within two weeks is not medically necessary or appropriate in this particular case as well as it is not sanctioned under the CA MTUS Manual Therapy and Manipulation Guidelines. The MTUS Chronic Pain Chiropractic guidelines indicate that manual therapy and manipulation. Upon review of a report dated 8/4/14 this applicant has received 28 chiropractic treatment visits and was then referred for pain management. The MTUS guidelines recommended continued treatment only with evidence of functional improvement. There was no indication of a reduction in objective clinical findings. There was an indication of some reduction on a pain scale but the subjective complaints were not changed. At the same time treatment was requested, the applicant was continued to Gabapentin and trigger point injections were requested. The proposed six chiropractic treatment in two weeks is not medically necessary and appropriate. Additional chiropractic treatment at this point in time has been utilized to their maximum for the expected results and to continue their implementation on a supportive basis is not sanctioned under the guidelines. Elective maintenance care is not medically necessary. Additional six visits at this point in time exceed the guidelines. Therefore the request is not medically necessary.