

Case Number:	CM13-0012308		
Date Assigned:	03/26/2014	Date of Injury:	07/07/1999
Decision Date:	10/16/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/12/2013

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 licensed in Chiropractic Services and is licensed to practice in California. 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:

The patient is a 51-year-old male born on 01/20/1963. He has a date of injury on 07/07/1999, but no history of injury was provided for this review. The patient had reportedly already treated with 28 chiropractic visits in 2013 by 05/17/2013. The chiropractor's PR-2 of 05/17/2013, the reported 3rd visit, reports the patient presented with lumbar pain and had been doing a bit better until the last few days when he experienced an increase in pain. He reported 8/10 lumbar pain. Patient's pain and functional impairment due to a flare-up consistent with that of the original injury and is not a new injury. The examination findings were noted as subluxation, swelling, tenderness bilateral L2-5; positive findings on Nachlas, Elis, Gaenslen on the right, Kemp's, and Yeoman's tests; lumbar range of motion: flexion 80/90, extension 20/30, left lateral flexion 15/20, right lateral flexion 15/20, left rotation 20/30 and right rotation 15/30. Diagnoses were reported as lumbar muscle spasm (728.85) and late effects lumbar sprain/strain (905.7). The provider indicated he would continue to treat passively with manipulation and myofascial release. The chiropractor requested 3 additional visits. The chiropractor's PR-2 of 06/27/2013, the reported as the 3rd visit, reports the patient presented with 9/10 lumbar pain. Patient's pain and functional impairment due to a flare-up consistent with that of the original injury and is not a new injury. The examination findings were noted as subluxation, swelling, tenderness bilateral L3-5; positive findings on Nachlas, Elis, Gaenslen on the right, Kemp's, and Yeoman's tests; lumbar range of motion: flexion 75/90, extension 25/30, left lateral flexion 10/20, right lateral flexion 10/20, left rotation 20/30 and right rotation 15/30. Diagnoses were reported as lumbar muscle spasm (728.85) and late effects lumbar sprain/strain (905.7). The provider indicated he would continue to treat passively with manipulation and myofascial release. The chiropractor requested 3 additional visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 ADDITIONAL CHIROPRACTIC VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-60.

Decision rationale: MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. The patient had treated with 28 chiropractic visits in 2013 by the time of request for 3 additional treatment sessions on 05/17/2013. The records do not provide evidence of measured objective functional improvement with a trial of up to 6 visits over 2 weeks of manual therapy and manipulation, there is no evidence of a recurrence/flare-up, there is no measured documentation of prior treatment success, and elective/maintenance care is not supported; therefore, the request for 3 additional chiropractic visits is not supported to be medically necessary. The request for 3 additional chiropractic visits exceeds MTUS recommendations and is not supported. The request is not medically necessary and appropriate.