

Case Number:	CM13-0016087		
Date Assigned:	10/11/2013	Date of Injury:	05/18/1987
Decision Date:	06/03/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/26/2013

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 Board Certified in Chiropractic Medicine and Acupuncture 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:

Claimant is a 63 year old male who was involved in a work related injury on 5/18/1987. His primary diagnoses are cervical IVD syndrome, cervical neuralgia, foraminal stenosis, and displacement of cervical disc. He complains of achy stiff cervical pain that radiates to left upper back and upper extremity. He also has thoracic, lumbar, pelvic, sacral pain which radiates to the left buttock and lower extremity. According to an AME on 2/20/2013, the claimant states that he has had chiropractic treatment approximately 2x a month within the last three year period and that in 2012 he received 15 visits. The claimant states that if he does not get chiropractic, he "gets tied up in knots and is unable to do a lot." The claimant is retired and not working. Per a PR-2 on 7/17/2013, the claimant had a flare up where he slipped off his bar stool. He did not fall but twisted. Per a PR-2, the claimant had a flare up moving furniture. According to a denial issued 8/20/2013, there have been 4 chiropractic visits in the prior 4 months. The last report submitted was on 8/15/2013 and documented a flare up low back pain from moving furniture.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 2 CHIROPRACTIC MANIPULATIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to evidenced based guidelines, a maximum of 24 chiropractic visits is recommended. It is unclear how many total chiropractic visits have been rendered, but it is well in excess of recommended 24 visits. For flare-ups, 1-2 visits are recommended every 4-6 months. However, the claimant has had at least 4 visits in the last four months from the request, so further chiropractic is not recommended for that time period of around August 2013. Since August 2013, there are no new reports or information submitted on the necessity of chiropractic due to a flare-up or documented functional improvement from his last chiropractic treatment. Chiropractic treatment appears to be mostly maintenance in nature and from submitted reports the claimant "flares-up" very frequently. It does not appear the claimant is making functional improvement on the reduction of dependence on care. Unfortunately, independent medical review is not based on future medical recommendations but on evidenced based guidelines. Therefore further chiropractic is not medically necessary.

PROSPECTIVE REQUEST FOR 2 ULTRASOUND TREATMENTS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines SECTIONS ON ULTRASOUND Page(s): 123.

Decision rationale: According to evidenced based guidelines, ultrasound is not recommended. If it is being requested as an adjunct therapy to chiropractic, it is not medically necessary since chiropractic is not medically necessary.

PROSPECTIVE REQUEST FOR 2 INTERFERENTIAL TREATMENTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION, (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (MAY2009) INTERFERENTIAL CURRENT STIMULATION, (ICS) Page(s): 118-120.

Decision rationale: According to evidenced based guidelines, interferential treatment is not recommended as an isolated therapy. If it is being requested as an adjunct therapy to chiropractic, it is not medically necessary since chiropractic is not medically necessary.