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| Case Number: | CM13-0016669 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 08/04/2010 |
| Decision Date: | 01/31/2014 | UR Denial Date: | 07/23/2013 |
| Priority: | Standard | Application Received: | 08/26/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and is licensed to practice in Florida. 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 physician 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 52-year-old male who reported a work-related injury on 08/04/2010, specific mechanism of injury not stated. Subsequently, the patient was status post an anterior cervical decompression, discectomy and fusion of the C3-4 and C4-5 levels as of 11/26/2012. The patient completed postoperative physical therapy interventions. The clinical note dated 07/10/2013 reported that the patient was seen under the care of [REDACTED]. The provider documented that the patient was still utilizing postoperative physical therapy. The patient reported complaints of stiffness and soreness and reported feeling uncomfortable when he lies down. The provider documented that range of motion of the cervical spine was 30/30/45/45/30/30. The patient had positive compression testing of the cervical spine. The provider documented that the patient was to complete the remaining postoperative therapy sessions to the cervical spine, and the provider recommended a short course of chiropractic treatment for the patient to utilize to increase range of motion and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2XWK X 3WKS CERVICAL, LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 58.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports that the patient continues with treatment status post a work-related injury sustained in 2010 and subsequent surgical interventions performed at the cervical spine indicative of an anterior cervical discectomy and fusion at the C3-4 and C4-5 levels as of 11/2012. The provider is recommending that the patient utilize a short course of chiropractic treatment to the patient's low back to increase range of motion of the lumbar spine. The provider documented that the patient's range of motion about the lumbar spine is decreased with flexion at 45 degrees, extension at 15 degrees and bilateral lateral bending at 15 degrees. The patient had a positive straight leg raise bilaterally. The provider documented that if the patient received no improvement with lower levels of conservative treatment, the next step would be a pain consultation for the patient's lumbar spine complaints. The clinical documentation submitted for review fails to evidence the patient's specific course of treatment for his lumbar spine pain complaints. The patient presented status post his work-related injury of over 3 years. It is unclear if the patient previously utilized chiropractic treatment and the efficacy of treatment. The California MTUS indicates that manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Given all of the above, the request for chiropractic 2 times a week times 3 weeks for the cervical and lumbar is neither medically necessary nor appropriate.