

Case Number:	CM13-0016940		
Date Assigned:	10/11/2013	Date of Injury:	06/03/2010
Decision Date:	02/28/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/27/2013

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 Care 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:

The injured worker is a 49 year old female who reported neck and low back pain from injury sustained on 6/3/10. She was walking when her co-worker pushed a door into her causing her to fall back. Patient was diagnosed with cervicalgia, lumbago, and low back sprain. The patient has been treated with medication, injection, physical therapy and chiropractic treatments. The patient was seen for a total of 18 chiropractic visits. Per notes dated 7/31/13 the patient had decreased pain, increased range of motion, sleeping better and has increased tolerance for housekeeping and shopping with chiropractic. The patient is off of work for personal reasons, otherwise she is working full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional chiropractic care for the neck and back (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The guidelines state that manual therapy and manipulation is recommended for chronic pain if it is caused by musculoskeletal conditions. Manual therapy is widely used in

the treatment of musculoskeletal pain. Treatment parameters from state guidelines include: A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks the patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function. This is recommended as an option for the low back. Therapeutic care is a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks. Elective and/or maintenance care is considered not medically necessary. This patient previously had 18 chiropractic treatments in which she found symptomatic relief and increased activities of daily living; however an additional 12 visits exceeds MTUS guidelines. The requested 12 visits would be considered maintenance care, which is not medically necessary. Therefore, the requested 12 sessions of chiropractic care for the neck and back are not medically necessary or appropriate.