

Case Number:	CM13-0017030		
Date Assigned:	10/11/2013	Date of Injury:	11/12/2012
Decision Date:	08/20/2014	UR Denial Date:	08/09/2013
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 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 47-year-old male born on 12/05/1966. On 11/12/2012, during the course of his employment, the patient sustained injuries to his upper and lower back, neck, and leg when he hit a construction trench on the highway while driving the bus. The physician's PR-2 of 05/01/2013 indicates the patient's subjective complaints as neck pain without improvement, upper back pain without improvement, mid back pain without improvement, and low back pain radiating to the left leg without improvement. Diagnoses were noted as cervical spine sprain, myofascial sprain lumbar spine, and L5/S1 2 millimeter disc bulge. The provider requested authorization for chiropractic care at a frequency of 3 times per week for 4 weeks. Another PR-2, by the same physician, is reported on a form with a very difficult to decipher and essentially illegible date, which appears to have been dated in either the month of June or July with day and year illegible. This record reports the patient's subjective complaints as neck pain with some improvement and low back pain without improvement. No measured objective factors were reported, and the treatment plan was to continue chiropractic. On 08/05/2013, the chiropractor requested authorization for treatment at a frequency of 2 times per week for 4 weeks in the care of diagnoses of cervical sprain/strain and lumbar sprain/strain. The physician's PR-2 of 10/30/2013 indicates the patient's subjective complaints as neck pain with some improvement and low back pain with no improvement. No measured objective factors were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) CHIROPRACTIC SESSIONS (EVALUATION & TREATMENT) BETWEEN 8/5/13 AND 10/8/13: Upheld

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

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

Decision rationale: MTUS (Chronic Pain Medical Treatment 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 but reports no recommendations for or against manual therapy and manipulation in the treatment of cervical or thoracic conditions; therefore, both MTUS and ODG will be referenced. MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits 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. Because MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of cervical and thoracic conditions, ODG is the reference source for such. ODG Treatment, Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines: In the treatment of neck pain and cervical strain, ODG supports a 6-visit trial of care over 2-3 weeks, with consideration for additional treatment sessions (a total of up to 18 visits over 6-8 weeks, avoid chronicity) based upon evidence of objective functional improvement with care rendered during the treatment trial. The patient had treated on an unreported number of chiropractic visits prior to 08/05/2013 when there was a recommendation for continued chiropractic treatment. On 05/01/2013, there was a request for authorization of chiropractic care at a frequency of 3 times per week for 4 weeks. The PR-2 of either June or July (day and year illegible) recommended treatment to include the continuation of chiropractic care. There is no evidence of measured objective functional improvement with chiropractic care rendered, no evidence of an acute flare-up, no evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for 8 chiropractic treatment visits between 08/05/2013 and 10/08/2013 exceeds MTUS and ODG recommendations and therefore is not medically necessary.