

Case Number:	CM13-0019809		
Date Assigned:	11/08/2013	Date of Injury:	12/17/2012
Decision Date:	10/13/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/04/2013

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 36 year old male who reported low back pain from injury sustained on 12/17/12. He also complains of shoulder and knee pain which has not been accepted by the insurance company. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with lumbar sprain/ strain with probable underlying L5 disc disease with left sided radiculitis; bilateral shoulder tendinosis and bilateral knee sprain/strain. The only medical notes provided for review were dated 04/15/14. Per medical notes, patient complains of ongoing symptoms affecting his back. He still has pain in shoulders and knees and he indication no attempts have been directed, as they are not accepted body parts. Pain is rated at 9/10 and radiated from his back down bilateral legs. The request is for 3 x 2 chiropractic treatments dated 08/15/13. Per utilization review dated 08/23/13, patient has had prior chiropractic treatments. There is no assessment in the provided medical records of functional efficacy with prior chiropractic visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 CHIROPRACTIC THERAPY VISITS FOR THE CERVICAL SPINE, 3 TIMES A WEEK FOR 2 WEEKS: 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): 58-59.

Decision rationale: Manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. 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 objectively measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Per utilization review dated 08/23/13, patient has had prior chiropractic treatments with symptomatic relief; however, clinical notes fail to document any functional improvement with prior care. The only medical notes provided for IMR are dated 04/15/14, which do not document neck pain or any functional deficits related to neck pain. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with acupuncture already approved/rendered that would substantiate a medical indication for additional care. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 6 chiropractic visits are not medically necessary.