

Case Number:	CM13-0020267		
Date Assigned:	01/15/2014	Date of Injury:	07/04/2012
Decision Date:	03/20/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/05/2013

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 Chiropractic/ 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 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 injured worker is a 48-year-old female who reported neck, midback, low back, knee and ankle pain from injury sustained on 7/14/12. The patient was doing her regular and customary duties when she tripped and fell forward, landing on her abdomen, chest, left wrist and right ankle. MRI (magnetic resonance imaging) of the cervical spine revealed straightening of spinal curve and mild diffuse discogenic disease. MRI of the thoracic spine revealed mild diffuse discogenic disease. The patient was diagnosed with cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/ strain, myalgia, bilateral knee contusion with patellofemoral syndrome. The patient has been treated with physical therapy, left knee surgery, medication, acupuncture and chiropractic. Per notes dated 7/15/13, she has persistent discomfort if neck and low back. Per chiropractic notes dated 7/24/13, she has increased pain in her back due to poor gait, pain is 8/10. Per chiropractic notes dated 8/12/13, pain remained at 8/10. The patient reported symptomatic improvement but there was lack of functional improvement. The patient hasn't had any long term symptomatic or functional relief with Chiropractic care. The patient continues to have pain and flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 6 visits, Cervical, Thoraic and Lumbar Spine: 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: Per MTUS- Chronic Pain medical treatment, manual therapy 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 measureable gain in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities." For low back, manual therapy is recommended as an option. For therapeutic care, a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. For elective/ maintenance care, manual therapy is not medically necessary. For reoccurrences/ flare-ups, therapy needs to re-evaluate treatment success, if RTW (return to work) is achieved then 1-2 visits every 4-6 months. The treatment parameters from state guidelines. 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". In this case, the patient has had prior chiropractic treatments with symptomatic relief; however, clinical notes fail to document any functional improvement with prior 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.