

Case Number:	CM13-0021524		
Date Assigned:	05/05/2014	Date of Injury:	03/05/2009
Decision Date:	06/04/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/09/2013

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 Board Certified 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 claimant is a 42-year-old male that reported neck and back pain after changing a truck tire on 03/05/2009. He has treated with physical therapy, orthopedic care, medications, lumbar ESIs, trigger point injections, chiropractic care, and acupuncture. Upper and lower extremity electrodiagnostic studies were performed on 12/07/2011, which were negative for cervical or lumbar radiculopathy, negative for lower extremity entrapment neuropathy, and negative for carpal tunnel syndrome or ulnar neuropathy. On 07/12/2012, it was determined (QME) the patient was MMI and further treatment and/or evaluation was not indicated. The claimant was seen in orthopedic reevaluation on 06/03/2013 with continued symptomology and had reportedly failed all conservative measures. The pain medicine reevaluation report of 06/10/2013 notes the patient complains of back pain and reports the patient was treated with 8-12 chiropractic visits in 2012, which were helpful. The pain medicine reevaluation report of 07/08/2013 indicates to begin chiropractic (authorized) on that date. In a pain medicine follow-up visit on 08/05/2013, the patient complained of low back pain radiating to the right lower extremity and neck pain radiating to the right shoulder. The patient's pain level was reported unchanged with an average pain level of 4/10 with medications and 7/10 without medications. No comparative measured objective factors were reported. Chiropractic therapy had reportedly been helpful, yet comparative measures were not noted. The patient was diagnosed with lumbar radiculopathy, myalgia/myositis, depression, chronic pain, and coccygodynia. The patient was considered temporarily disabled and instructed to remain off work for two months. The patient had completed four weeks of chiropractic therapy from 07/08/2013 through 08/05/2013, and there was a request for an additional four weeks of chiropractic care. Chiropractic documentation reports the patient presented on 11/28/2012 with stable low back pain complaints as well as neck and upper back pain complaints. No historical information or measured objective factors were

reported. Submitted documentation reports the patient also treated with chiropractic care on 07/08/2013 and 07/15/2013 without history, measured objectives, diagnosis, or treatment plan with measurable goals reported. Chiropractic treatment procedures included EMS/hot pack, myofascial release, massage, and chiropractic manipulative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT X 8 VISITS FOR DIAGNOSES OF LUMBAR RADICULOPATHY, MYALGIA/MYOSITIS, AND CHRONIC PAIN: 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 & MANIPULATION Page(s): 58-59.

Decision rationale: The patient was treated with 8-12 chiropractic treatment sessions in 2012 and an unknown number of chiropractic treatment sessions between 07/08/2013 and 08/05/2013. Although care in 2012 was reportedly helpful, there is no documented evidence of functional improvement with care rendered in 2012 or with care from 07/08/2013 through 08/05/2013 or thereafter. Although the patient was treated with chiropractic care on numerous occasions, only 3 dates of chiropractic documentation were provided for this review, the encounter notes of 11/28/2012, 07/08/2013 and 07/15/2013. The chiropractic records provided for review do not report patient history, measured objectives, diagnosis, treatment plan with measurable goals, or evidence of functional improvement with care rendered. MTUS Chronic Pain Guidelines supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of chronic 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. In this case, there is no submitted evidence of objective functional improvement with prior chiropractic care, and there is no evidence of a recurrence/flare-up or new condition. Therefore, the request for 8 additional chiropractic treatment sessions is not supported to be medically necessary and appropriate.