

Case Number:	CM13-0021606		
Date Assigned:	11/13/2013	Date of Injury:	05/09/2012
Decision Date:	01/14/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

Patient is a 55 year old, male with a date of injury of 05/09/2012. Patient has diagnoses of bilateral knee chondromalacia patella, lumbar radiculopathy, cervical, thoracic and lumbar sprain, multilevel herniated nucleus pulposus of the thoracic spine, and herniated nucleus pulposus of the lumbar spine with facet arthropathy. Progress report dated 07/18/2013 by ■■■■■ notes that patient continues with significant neck, mid and lower back pain. Examination reveals decreased ROM of the cervical, thoracic and lumbar spine. Patient requests more chiropractic therapy, which has helped in decreasing her pain temporarily and aids in sleeping. ■■■■■ requests authorization for additional 2x4 chiropractic therapy to help decrease pain and increase activity level. Utilization review dated 08/16/2013 denied the requested chiropractic therapy based on MTUS guidelines, stating that without outlined progress from the completed sessions, the medical necessity is not established. Progress report by ■■■■■ dated 06/10/2013 indicates patient is present with no change in condition. Report dated 03/07/2013 requests 2x6 chiropractic therapy, which was subsequently denied as there were no documented functional gains. Report dated 02/04/2013 request additional 2x4 chiropractic visits, as the prior 12 visits provided patient with some relief. Report dated 01/11/2013 also requests additional 2x4 chiropractic therapy to incorporate physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic therapy times 2 for the cervical, thoracic, and lumbar spines:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy, and manipulation Page(s): 58, 59.

Decision rationale: Treater is requesting authorization for additional 2x4 chiropractic therapy to help decrease pain and increase activity level. Patient has a diagnosis of bilateral knee chondromalacia patella, lumbar radiculopathy, cervical, thoracic and lumbar sprain, multilevel herniated nucleus pulposus of the thoracic spine, and herniated nucleus pulposus of the lumbar spine with facet arthropathy. Progress report dated 07/18/2013 by [REDACTED], notes that patient continues with significant neck, mid and lower back pain. Examination reveals decreased ROM of the cervical, thoracic and lumbar spine. Patient requests additional chiropractic therapy, which she states has helped in decreasing her pain temporarily and aids in sleeping. [REDACTED] requests authorization for additional 2x4 chiropractic therapy. Prior report by [REDACTED] from 03/07/2013 also requested 2x6 chiro treatments, which were denied. Report from 2/4/13 also requested 2x4 treatments and this was a continuation from prior 12 visits that provided some subjective relief. However, no measurable functional improvements were documented. 01/11/2013 also requested additional 2x4 chiropractic therapy to continue from prior treatments. No measured improvements are noted and the patient's pain levels remain the same. was noted, patient's subjective complaints of pain remained the same. Based on review of these reports, it appears that the patient has had an adequate trial of chiropractic therapy and now has exceeded the 18 sessions of treatments allowed by MTUS. Additional treatments for flare-ups are allowed, if return to work is achieved, in which case 1-2 visits are allowed every 4-6 months. In this patient, while the patient has reported subjective improvement, the notes do not detail return to work or any objective functional improvement. Furthermore, the patient has received adequate chiropractic treatment to produce evidence of functional improvement and the current request for 8 visits exceeds the 1-2 visits that would be justified for flare-ups when accompanied by an indication that the patient has returned to work, which she has not.