

Case Number:	CM13-0024461		
Date Assigned:	11/20/2013	Date of Injury:	04/29/2012
Decision Date:	03/26/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/16/2013

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 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 40 year old female who reported neck, low back pain from injury sustained on 4/29/12. She was bent over to help a patient when she felt immediate low back pain. MRI of lumbar spine revealed 4-mm disc protrusion at L4-L5 and 7-8mm at L5-S1. Patient was diagnosed with cervical radiculopathy, cervical sprain/ strain, lumbar disc protusion; lumbar radiculopathy, lumbar sprain/ strain, right hip sprain/strain, right knee internal derangement; right knee medical meniscus tear and right knee sprain/strain. Patient has been treated with medication, physical therapy, epidural injections, acupuncture and chiropractic. Patient was re-evaluated after 10 chiropractic visits to determine if care has been beneficial and/or if further treatment is necessary. Per notes dated 4/15/13, neck pain was 1/10 and low back 2/10. Per notes dated 6/3/13, "neck pain 3/10, low back pain 4/10; she has been receiving chiropractic treatment once a week for last 6 weeks and it has been helpful. 6/19/13, "cervical spine no pain; lumbar spine no pain; has been well since last epidural". Documentation did not include chiropractic progress notes. There is no assessment in the provided medical records of functional efficacy with prior chiropractic visits. Patient continues to have pain and flare-ups. Patient's progress has come to a plateau. She still remains symptomatic and out of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC SPINAL MANIPULATION 1-2 TIMES PER WEEK FOR FOUR (4) 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 & Manipulation Page(s): 58-59.

Decision rationale: According to the MTUS Guidelines, 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 measureable gain in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. A trial of six visits over two weeks is recommended for therapeutic care, with up to 18 visits over 6-8 weeks with evidence of functional improvement. 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. The documentation indicated that the patient had a total of 10 chiropractic treatments without any functional improvement. Per documentation provided there was no long term symptomatic or functional gain with chiropractic care, as the patient continues to be symptomatic. Per review of evidence and guidelines, additional chiropractic visits are not medically necessary.