

Case Number:	CM13-0032552		
Date Assigned:	12/11/2013	Date of Injury:	04/09/2010
Decision Date:	02/07/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/08/2013

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 and is licensed to practice in Illinois. 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 patient is a 56-year-old female who reported injury on 04/09/2010. The mechanism of injury was stated to be the patient fell down some stairs. The clinical documentation requesting the chiropractic treatment is missing the physical examination. The patient was noted to undergo physical therapy for 8 visits. The patient's diagnoses were noted to include cervical spine strain and sprain with radicular complaints and lumbar spine strain and sprain with radicular complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro-physiotherapy eight visits, 2 times a week for 4 weeks, for the lumbar and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): Pages 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: CA MTUS states that 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. For the low back, therapy is recommended initially in a

therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle & foot, carpal tunnel syndrome, the forearm, wrist, & hand or the knee. Also, the time to produce effect is indicated as 4 to 6 treatments several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. Clinical documentation submitted for review failed to support the necessity for chiropractic care. Additionally, the request for 8 visits would exceed recommendations for initial therapy and there was a lack of documentation of what forms of physiotherapy were being requested for application of guidelines. However, the patient was noted to undergo 8 sessions of physical therapy and there was a lack of documentation of the objective functional benefit received from the therapy and the remaining functional deficits to support ongoing therapy. Given the above, the request for chiro-physiotherapy 8 visits, 2 times a week times 4 weeks, for the lumbar spine and cervical spine is not medically necessary.