

Case Number:	CM13-0033016		
Date Assigned:	12/06/2013	Date of Injury:	12/31/2002
Decision Date:	08/14/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/08/2013

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 Chiropractor and is licensed to practice in Texas. 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 61-year-old male with a reported date of injury on 12/31/2002. The mechanism of injury was noted to be cumulative trauma. His diagnoses were noted to include lumbago and chronic opioid use. His previous treatments were noted to include massage therapy, chiropractic treatment and medications as well as physical therapy. The progress note dated 08/23/2013 revealed that the injured worker complained of continued low back pain and had undergone chiropractic treatment, which had helped more than massage therapy. The injured worker rated his pain as a 7/10 with medications. The physical exam revealed complaints of back pain, myalgias, muscle weakness, stiffness, joint complaints and arthralgias as well as insomnia. The physical examination of the head and neck noted tender cervical paraspinal muscles, markedly painful cervical facet joints, tender left paracervical musculature, tender right paracervical musculature, tender left trapezius and tender right trapezius musculature. The physical examination of the bilateral lower extremities noted tenderness and full range of motion. The examination of the spine noted painful midline and paraspinal muscles, tender lower paraspinal musculature and tender left paralumbar and tender right paralumbar musculature. The range of motion noted increased pain with lumbar flexion. The Request for Authorization form dated 09/13/2013 was for chiropractic treatments 3 times a week for 4 weeks; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) SESSIONS OF CHIROPRACTIC MANIPULATION BETWEEN 8/23/13 AND 11/18/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

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

Decision rationale: The request for 12 sessions of chiropractic manipulation between 08/23/2013 and 11/18/2013 is non-certified. The injured worker was receiving previous chiropractic therapy and reported improvement. The California MTUS Chronic Pain Medical Treatment Guidelines recommend manual therapy 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 objective measurable gains and functional improvement that facilitate progression in the injured worker's therapeutic exercise program and a return to productive activities. The guidelines recommend for the low back, a trial of 6 visits over 2 weeks; and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The progress note dated 08/23/2013 did not report measurable objective functional deficits in regards to range of motion and motor strength or quantifiable objective functional improvements with the previous physical therapy sessions. There was also a lack of documentation regarding the number of chiropractic treatments attempted and if the chiropractic treatment was going to be used as an adjunct to active therapies. Therefore, due to the lack of current measurable functional deficits and quantifiable objective functional improvement, the number of sessions completed and if they would be used in addition to an exercise program, the request for chiropractic therapy is not warranted at this time. As such, the request is non-certified.