

Case Number:	CM13-0033096		
Date Assigned:	12/06/2013	Date of Injury:	05/23/2011
Decision Date:	03/04/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/09/2013

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 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 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 injured worker is a 60 year old female who reported neck pain, left shoulder pain, low back pain and knee pain from injury sustained on 5/23/11. Per documentation patient "tripped over a co-workers foot and she fell forward". NCV/EMG reports L5 nerve root lesion. Patient was diagnosed with Lumbar spine sprain/ strain, Left shoulder sprain/strain, left shoulder impingement, left carpal tunnel syndrome and left wrist sprain/ strain. Patient was treated with medication, physical therapy and acupuncture. Per notes dated 10/1/13, "pain controlled with Ibuprofen 800mg, decreased pain from 6/10 to 3/10". Per notes dated 9/24/13 Patient's pain is 5-6/10, decreased range of motion and hypertonic lumbar spine paraspinals. There is lack of documentation regarding the history of injury and progress to date with various interventions. Patient continues to have pain and flare-ups. Patient's progress has come to a plateau. The patient 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 care for management of the thoracic-lumbar spine residuals, three times a week for six weeks: 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.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Manual therapy and manipulation, "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 measurable gain in functional improvement that facilitates progression in the patient's therapeutic exercise program and return to productive activities. Low Back: Recommended as an option. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/ maintenance care- not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines: A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. 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". There is lack of evidence of clinical findings supporting the need for 18 chiropractic treatments. The Chronic Pain Medical Treatment Guidelines, state, "Time of procedure effect: 4-6 treatments." Additional, visits may be authorized if the patient has functional improvement with initial treatments which is not indicated in the medical records provided for review. The request for chiropractic care for management of the thoracic-lumbar spine residuals, three times a week for six weeks is not medically necessary and appropriate.