

Case Number:	CM13-0034856		
Date Assigned:	12/11/2013	Date of Injury:	09/18/2003
Decision Date:	03/27/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/15/2013

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 Chiropractic Services, 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 patient is a 60 year old female who has suffered a cumulative trauma injury to her wrists, neck, upper back, mid-back and lower back dating from 1977 to 9/18/2003 while performing her duties as an office employee. Since there is a wide range of complaints to different body parts and emotional stressors as a result of industrial injury and for the purposes of this review, all complaints and findings will be reported for the lower back region only. Per the PTP's initial orthopedic evaluation report the low back subjective complaints reported are "constant slight to intermittent moderate and occasionally severe pain across the low back with occasional radiation of pain, numbness and tingling in both feet." Patient has been treated with medications, home-based exercises, physical therapy and chiropractic care including physiotherapy modalities. Diagnoses assigned by the PTP for the lumbar spine are lumbosacral sprain/strain and non-allopathic lesion lumbar. MRI of the lumbar spine performed provided the following findings: "L4-5 spinal stenosis and broad central protrusion with moderate spinal stenosis with facet arthropathy at L5/S1." EMG/NCV studies were not found in the records provided for review. The PTP is requesting 12 chiropractic sessions to include spinal manipulation, myofascial release, EMS and infrared to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

**SPINAL MANIPULATION, MYOFASCIAL RELEASE, EMS AND INFRARED:
TWELVE (12) VISITS (3 X 4): Upheld**

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Manual Therapy and Manipulation,Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and Manual Therapy Page(s): s 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Manipulation Section.

Decision rationale: This is a chronic case with ongoing care provisions awarded for flare-ups per AME as reported in the records by the PTP. The AME report was not available for review. MTUS ODG Low Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." The records available show functional improvement was achieved with chiropractic care, however the MTUS recommends "1-2 visits every 4-6 months". The treating chiropractor is requesting 12 sessions which exceed the recommended number. MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." MTUS Chronic Pain Medical Treatment Guidelines p. 58-59 state that Manual therapy and manipulation is "recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities." Manipulation is recommended as stated by MTUS for low back pain flare-ups but not at the number of sessions requested. The 12 sessions surpass the MTUS recommended amount by 4 times. I find that the 12 chiropractic sessions to include spinal manipulation, myofascial release, EMS and infrared requested to the lumbar spine to not be medically necessary and appropriate.