

Case Number:	CM13-0035098		
Date Assigned:	12/13/2013	Date of Injury:	03/16/2010
Decision Date:	02/27/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/16/2013

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 Board Certified in Chiropractic, has a subspecialty in Chiropractic Sports 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.

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 46 year old female who slipped and fell in bathroom while at work on 3/16/2010. Her initial pain was in the low back and sacral region. She also experienced pain in the neck, head and bilateral shoulders. When she fell she hit her head. She received chiropractic manipulation, ultrasound, electrical muscle stimulation and Intersegmental traction. From the medical doctor she received medications and physical therapy. She responded well to the chiropractic manipulation as well as to the medications. As of 9/18/2013 medical doctors report she has had 16 visits of chiropractic care with her last treatment in August 2012. The MRI of the lumbar spine on 6/2/2010 revealed a tiny disc protrusion at L5-S1 with associated facet degenerative changes, facet capsulitis and minimal annular bulge at L4-L5. The MRI of the lumbar spine on 11/1/2013 revealed the following L5-S-1; 2-3mm broad based disc bulge and facet arthrosis resulting in bilateral neural foramina narrowing, left greater than right and no canal stenosis. The MRI of the cervical spine on 10/13/2010 revealed a small left paracentral disc herniation at C6-C7. The medical doctor is requesting chiropractic manipulation 2 times per week for 6 weeks or 12 visits. According the medical doctors 11/13/2013 report the patient is working full time with no restriction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x6: Upheld

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

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

Decision rationale: According to Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal of manipulation is the achievement of positive symptomatic or objective measurable gain in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation of the low back is recommended as an option. Therapeutic care-trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total up to 18 visits over six to 8 weeks. According to the records there has been documented measurable gains in functional improvement due to chiropractic care demonstrated with the fact she is back to full duty. Chiropractic seems to be of benefit however, manipulation cannot be approved due to the amount and frequency is not in accordance with MTUS Guidelines as stated above (6 visits over 2 weeks).