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| Case Number: | CM13-0040951 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 12/23/1999 |
| Decision Date: | 03/12/2014 | UR Denial Date: | 10/16/2013 |
| Priority: | Standard | Application Received: | 10/29/2013 |

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 licensed Chiropractor and Acupuncturist and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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 63year old male who reported neck, mid-back, and low back pain from injuries sustained on 10/8/92, 2/1/93, 12/22/99 and 12/23/99. Mechanism of injury is unknown. The patient was diagnosed with chronic cervical and thoracic spine pain syndrome, cervicobrachial syndrome and lumbosacral neuritis. The patient has been treated with medication, Chiropractic, and physical therapy. The patient had a total of 20 Chiropractic treatments between 8/2/12- 12/13/12. He was responding well to treatment until October 2012, when his progress came to a plateau. The patient reported symptomatic improvement; however there was lack of functional improvement. Per notes dated 7/8/13, the patient reports neck, low back, and shoulder pain with decreased range of motion. Patient hasn't had any long term symptomatic or functional relief with Chiropractic care. Patient continues to have pain and flare-ups. Patient's progress has come to a plateau.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic evaluation and treatment x 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2009, Ch.

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

Decision rationale: Per MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation Page 58-59: "Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. 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". Per documentation, the patient has had 20 Chiropractic visits dating 8/2/12- 12/13/12 without any function improvements. Per notes, the patient's improvement had come to a plateau after October 2012. The patient's injury is over 14 years old and prior care has not led to any long term functional or symptomatic relief. Per MTUS- Definition 9792.20 (f) "Functional improvement means either 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 evaluation and management visit billed under the OMFS; and a reduction in the dependency on continued medical treatment." Per review of evidence and guidelines, additional 12 Chiropractic visits are not medically necessary.