

Case Number:	CM13-0044516		
Date Assigned:	12/27/2013	Date of Injury:	06/23/1997
Decision Date:	05/15/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Therapy and Rehabilitation 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 underlying date of injury in this case is 06/23/1997. The primary diagnosis is myalgia and myositis. The patient's additional treating diagnosis is a failed back surgery x 3 with residual lumbar myofascial pain. Previously 6 visits of chiropractic were authorized in 2011. On 08/30/2013, the patient's treating general practice physician notes that the patient had complaints of ongoing low back pain which was worse with her activities of daily living. The patient had increased tone in the lumbar spine with mild bilateral myospasms and with lumbar motion restricted to 30 degrees flexion and 5 degrees extension. The physician requested a lumbar MRI as well as bilateral lower extremity electrodiagnostic studies. The physician also submitted a request on 09/30/2013 for 6 sessions of chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT FOR LUMBAR SPINE-2 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on manual therapy and manipulation, do not recommend elective or maintenance chiropractic care. This guideline does recommend 1-2 visits every 4-6 months if a patient has a recurrence or flare up of symptoms resulting in return to work. In this case, the specific objective functional benefit of past chiropractic is not apparent; moreover, the initial request was not for 2 visits but rather for 6 visits of chiropractic, which would exceed the treatment guidelines for recurrence or flare up of symptoms. Additionally, the medical records indicate that at the time the chiropractic treatment was requested, additional diagnostic studies were requested of the spine, and there was uncertainty regarding whether this was a new condition or a recurrence/flare up of the prior condition. For these multiple reasons, the medical records do not meet the guidelines for additional chiropractic treatment. This request is not medically necessary.