

Case Number:	CM13-0044628		
Date Assigned:	12/27/2013	Date of Injury:	07/31/2002
Decision Date:	02/24/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/31/2013

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 a Board Certified Chiropractor, has a subspecialty in 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 54 year old female who reported right shoulder pain, neck pain and low back pain from injury sustained on 7/31/2002. She was doing her regular and customary duties of pulling meat off a conveyor belt when she heard a pop and felt immediate pain. In 2003 patient had an Magnetic resonance imaging (MRI) of the cervical spine which showed 3mm C5-6 disc protrusion without foraminal compression. Patient was diagnosed with Cervicalgia, Cervicobrachial syndrome, Shoulder impingement. Patient was treated with two epidural injections in cervical spine in 2004 which gave her relief and chiropractic which helped her symptoms temporarily. Patient was last seen by the Chiropractor on 8/14/13 when her pain in right forearm was 7/10, Low back 8/10, mid-back 8/10, neck 8/10, right shoulder 8/10 and right wrist 7/10. Her injury is over 11 years old and she has temporary symptomatic relief with chiropractic treatment. Per notes on 8/28/13 Patient has decreased range of motion and tender to palpation. 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. She still remains symptomatic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic three visits over six weeks for the upper back, mid back, low back, and right upper extremities: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, Section: Manual therapy and manipulation, page 58-59 states: "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 facilitate progression in the patient's therapeutic exercise program and return to productive activities". Patient has failed to improve activities of daily living. Chiropractic care for the Low Back may be recommended as an option if the following criteria is met: "Therapeutic care- trial of six visits over two weeks, with evidence of objective functional improvement, total of up to eighteen visits over six to eight weeks. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if return to work achieved then one to two visits every four to six months. Forearm, wrist, hand: Not recommended .Treatment parameters from state guidelines. A) Time of procedure effect: 4-6 treatments. B) Frequency one to two times per week the first two 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: eight weeks. At eight weeks patient should be re-evaluated. Care beyond eight 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 four to six visits should be documented with objective improvement in function". Per guidelines and review of evidence, chiropractic has failed to provide long-term functional or symptomatic improvement therefore three chiropractic visits care not medically necessary. The injury is over eleven years old and documents fail to provide any long term benefits of treatment.