

Case Number:	CM13-0049949		
Date Assigned:	12/27/2013	Date of Injury:	08/13/2010
Decision Date:	02/27/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/08/2013

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 licence in Chiropractor and Acupuncture, and is licensed to practice in Louisiana. 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 59 year old male who reported pain from injury sustained on 8/13/10. MRI dated 9/14/10 revealed degenerative disc disease. Patient was diagnosed with Low back pain and Lumbar disc degeneration. Patient has been treated with medication, Injections, Physical therapy and Chiropractic. Patient was re-evaluated to determine if care has been beneficial and/or if further treatment is necessary. Per Chiropractic notes dated 11/1/12, his pain was 4/10 and was throbbing and dull in nature. Per notes dated 5/6/13 patient's pain was 4/10 and was throbbing and stiff in nature and Antalgic gait. Prior Chiropractic care gave the patient temporary symptomatic relief however; there was lack of functional improvement. Per notes dated 10/22/13 "Patient felt some symptomatic relief from Chiropractic". Patient hasn't had any long term symptomatic or functional relief with Chiropractic care. Patient continues to have pain and flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 chiropractic visits for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Per Medical Treatment Utilization Schedule (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. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measureable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. 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. 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". Prior Chiropractic care gave the patient temporary symptomatic relief however; there was lack of functional improvement. Per notes dated 10/22/13 "Patient felt some symptomatic relief from Chiropractic". Patient hasn't had any long term symptomatic or functional relief with Chiropractic care. Per guidelines and review of evidence, due to lack of functional improvement with prior chiropractic treatments, 8 chiropractic visits for the lumbar spine are not medically necessary.