

Case Number:	CM13-0052188		
Date Assigned:	01/15/2014	Date of Injury:	01/07/1995
Decision Date:	04/07/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/15/2013

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 expert reviewer is a Licensed Chiropractor 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 63 year old female who was injured on 01/07/1995 in an apparent cumulative trauma claim while working for [REDACTED]. Her current work status is usual and customary work with no apparent work restrictions. Her diagnosis's are: Lumbar intervertebral disc syndrome, Sacrum and sacroiliac joint subluxation, Thoracic subluxation, and cervical subluxation. She has received medications, physical therapy, and chiropractic manipulation in the past. She has apparently responded well to chiropractic care. The injured worker has had multiple flare-up dates: 08/06/2012, 08/20/2012, 09/07/2012, 09/18/2012, 10/02/2012, 10/15/2012, 11/08/2012, 11/19/2012, 01/03/2013, 01/17/2013, 01/25/2013, 01/31/2013, 02/11/2013, 02/25/2013, 05/09/2013, 05/23/2013, 06/20/2013, 07/03/2013, 07/17/2013, 07/22/2013, 09/30/2013, 10/14/2013, 10/28/2013, 11/13/2013, 12/03/2013, 12/06/2013, 12/17/2013. She has received chiropractic care for these flare-ups. The injured worker was TTD from 02/28/1995 to 08/15/1995. She apparently had no chiropractic care or treatment for 9 years. The injured worker received a 22.3 percent disability from Q.M.E. No specific amount of chiropractic treatment has been requested. Apparently the doctor is requesting payment for 09/30/2013 and 10/14/2013 flare-up dates and future flare-up dates.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective chiropractic treatment DOS: 9/30/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to the MTUS Chronic Pain Medical treatment guidelines, manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of chiropractic manipulation is the achievement of positive symptomatic or objective measurable gains 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 of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care is not medically necessary. Recurrences/flare-ups need to re-evaluate treatment success, if achieved then 1-2 visits every 4-6 months The doctor's treatment for flare-ups has achieved return to work status but has not followed the treatment guideline of 1-2 visits every 4-6 months. Therefore the treatment cannot be supported as it does not follow the MTUS guidelines. The request for retrospective chiropractic treatment, DOS: 9/30/13, is not medically necessary and appropriate.

Retrospective chiropractic treatment, DOS: 10/14/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to the MTUS Chronic Pain Medical treatment guidelines, manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of chiropractic manipulation is the achievement of positive symptomatic or objective measurable gains 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 of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care is not medically necessary. Recurrences/flare-ups need to re-evaluate treatment success, if achieved then 1-2 visits every 4-6 months The doctor's treatment for flare-ups has achieved return to work status but has not followed the treatment guideline of 1-2 visits every 4-6 months. Therefore the treatment cannot be supported as it does not follow the MTUS guidelines. The request for retrospective chiropractic treatment, DOS: 10/14/13, is not medically necessary and appropriate.