

Case Number:	CM13-0052238		
Date Assigned:	12/27/2013	Date of Injury:	02/09/2012
Decision Date:	03/11/2014	UR Denial Date:	11/01/2013
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 physician reviewer is Board Certified in Chiropractic, 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:

This case concerns a 65-year-old female, who sustained injuries to her left wrist, left ankle, right trapezius and lower back on 2/9/2012 as a result of a trip and fall incident. The symptoms reported are tailbone pain low back pains with radiation of pain down right lower extremity per primary treating physician's (PTP) report available in the records provided. The patient has been treated with medications, an injection into the lumbar spine, massage and chiropractic care. An MRI (magnetic resonance imaging) of the lumbar spine performed on 1/19/13 lists the following finding: "New left paracentral disc protrusion at L1/L2 that causes moderate narrowing of the central canal and moderate to severe narrowing of the left lateral recess. New small right paracentral and foraminal disc protrusions at L3/L4 that causes right lateral recess stenosis. No significant change in severe left neural foraminal stenosis at L5/S1 secondary to disc bulge with osteophytes and facet degenerative changes." An EMG/NCV (electromyogram/nerve conduction velocity) study of the lumbar spine was conducted

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic visits with massage: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and Manual Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and Manual Therapy Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Manipulation and Massage

Decision rationale: In the progress report dated 10/18/13 the primary treating physician (PTP) states that the patient has had chiropractic care and "had such good results last year she was released from care." Furthermore, the progress reports provided by the PTP do not consist of any chiropractic care rendered from "last year". They are for follow up visits where medications were prescribed. Therefore, it is not possible to tell if the chiropractic care resulted in improvement from objective functional gains. A statement that care was beneficial is not enough to render a decision in this case as simply reporting improvement are not "objective functional improvements" as described in the MTUS guidelines. The records list outlining which reports are present for review indicate that chiropractic care was rendered from 3/16/12 to 4/27/12. These reports from the chiropractic treatments; however, are not available in the records provided. Chiropractic records are absent. Objective functional improvement is absent from the chiropractic care and massage which were reportedly rendered to the lumbar spine and as defined in the MTUS definitions. The MTUS defines functional improvement as 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 the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The MTUS Chronic Pain Medical Treatment guidelines state that manual therapy and manipulation is "recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine 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." The guidelines also indicate that manipulation is "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. Official Disability Guidelines (ODG) states: "recurrences/flare-ups-Need to re-evaluate treatment success, if return to work (RTW) achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." Considering that chiropractic records do not exist in the records provided, the request for 6 chiropractic sessions with massage to not be medically necessary and appropriate.