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| Case Number: | CM13-0054466 | | |
| Date Assigned: | 06/30/2014 | Date of Injury: | 08/23/1993 |
| Decision Date: | 08/06/2014 | UR Denial Date: | 10/31/2013 |
| Priority: | Standard | Application Received: | 11/19/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic Services 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 expert 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 patient is a 76 year old male who injured his neck, upper back and lower back on 8/23/1993. The mechanism of injury is not provided. Per the PTP's progress report the subjective complaints are described as follows: "low back pain has flared insidiously over the last week. He denies any new injuries and has attempted to maintain his normal daily routine of activities, but finds that his middle back and neck are feeling stiffer too in addition to his low back." Patient has been treated with medications and chiropractic care per records reviewed. Other treatment were not found in the records. Diagnoses assigned by the PTP are cervical sprain/strain, thoracic sprain/strain lumbar sprain/strain and lumbar disc displacement. MRI scan were not found for review in the materials provided. The PTP is requesting of 6 chiropractic sessions to the neck, upper back and lower back. The carrier has authorized 2 out of 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy three times a week for two weeks for flare up (cervical, thoracic, lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Manual therapy & Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back and Low Back Chapters, Manipulation Sections. Additionally, Other Medical Treatment Guideline or Medical Evidence: Definitions Page 1.

Decision rationale: The patient has received chiropractic care for his chronic injuries per the records provided. The progress reports provided from the treating physician do not show objective functional improvement as defined by MTUS. Definitions page 1 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." MTUS Chronic Pain Medical Treatment Guidelines p. 58-60 and MTUS ODG Chiropractic Guidelines Neck and Low Back Chapters recommend manipulation with evidence of objective functional improvement 18 visits over 6-8 weeks. MTUS ODG Low Back Chapter recommends for "flare-ups/recurrences need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months" with evidence of functional improvement. There has been no objective functional improvement with the rendered chiropractic care in the cervical and the lumbar spine. The Utilization Review (UR) department has modified the request and granted 2 visits. The 6 chiropractic sessions requested to the neck, upper back and lower back are not medically necessary and appropriate.