

Case Number:	CM13-0055657		
Date Assigned:	06/09/2014	Date of Injury:	03/11/2008
Decision Date:	08/18/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 injured worker is a 60 year old male who reported low back pain from an injury sustained on 03/11/08. The mechanism of injury is unknown. There were no diagnostic imaging reports. Patient is diagnosed with degeneration of lumbar intervertebral disc; lumbo-sacral strain. Patient has been treated with 25 chiropractic sessions. Per medical notes dated 06/28/13, patient notes constant low back pain rated at 5-7/10; he has responded well to treatment in the past and the physician would like to recommend additional 4 visits to resolve his flare-up. Per medical notes dated 08/23/13, pain is rated at 3/10 at rest and 7/10 with movement and bending. Symptoms are not resolving and provider would like additional 4 chiropractic sessions. Per medical notes dated 10/30/13, patient complains of sharp pain into lower lumbar spine and a gradual tightness of the surrounding muscle groups. Pain is rated at 4-7/10 dull but sharp pain. Patient hasn't had any long term symptomatic or functional relief with Chiropractic care. Patient continues to have pain and flare-ups. Medical reports reveal little evidence of significant changes or improvement in findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four Chiropractic Treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Manual therapy is 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 facilitates progression in the patient's therapeutic exercise program and return to productive activities. Therapeutic care should be a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks. Elective/maintenance care is not medically necessary. Reoccurrences/flare-ups need to re-evaluate treatment success, if RTW is achieved then 1-2 visits every 4-6 months. Time of procedure effect is 4-6 treatments. Frequency should be 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. At 8 weeks the 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. Patient has had prior chiropractic treatments with symptomatic relief; however, clinical notes fail to document any functional improvement with prior care. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Furthermore, requested visits exceed the quantity of Chiropractic visits supported by the cited guidelines as the patient has already had 25 visits. Per review of evidence and guidelines, four chiropractic visits are not medically necessary.