

Case Number:	CM13-0057245		
Date Assigned:	12/30/2013	Date of Injury:	10/01/1990
Decision Date:	03/10/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 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 patient is a 73 year old male who injured his mid and lower back on 10/1/1990 while performing his duties as a farm worker. Symptoms reported are ongoing mid back and low back pain with radiculopathy into right lower extremity, per PTP's PR2 report dated 11/8/12. Patient has been treated with medications, physiotherapy modalities, an unspecified number of chiropractic care sessions in 2013 and self-procured spa treatments. He has been treated with chiropractic care 16 times in 2012 per PTP's PR-2 dated 11/8/12. Diagnoses assigned by the PTP are Lumbar sprain/strain, lumbar intervertebral disc syndrome, thoracic sprain/strain and cervical sprain/strain. Diagnostic reports do not exist in the records provided. According to the Utilization Review (UR) denial report there is a future medical award in place. The PTP is requesting a re-examination with one chiropractic session with physiotherapy modalities retroactive to 10/21/13 to the lumbar spine and one additional chiropractic care visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-exam and one (1) retrospective chiropractic treatment visit with physiotherapy modalities for DOS 10/21/2013: 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 Manipulation and Manual Therapy Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Manipulation Section

Decision rationale: As with the first request the nine PR2 reports provided document the patient's lack of progress when receiving chiropractic treatment. Chiropractic notes were provided in the records from 11/8/12 to 10/30/13. Objective functional improvement data from chiropractic care and modalities rendered to the lumbar spine do not exist and are not available in the records as defined in the MTUS definitions. The documentation is available but what it shows is non-improvement. In fact by treatment in April 2013 and PR2 report dated 4/11/13 the PTP reports: "L-ROM: Flexion: to knee caused low back pain moderate to severe. Extension 5/25 caused lower back pain moderate to severe. Right and left rotation 20% caused low back pain moderate. Right and left lateral 15/25 caused low back pain moderate to severe." 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. 58-59 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 same section also states 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. ODG Low Back chapter, Manipulation Section states: "Recurrences/flare-ups-Need to re-evaluate treatment success, if 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 show objective functional improvement has been demonstrated, I find that the re-examination with one chiropractic session with physiotherapy modalities retroactive to 10/21/13 to not be medically necessary and appropriate.

One (1) Additional Visit of Chiropractic Care for Flare: 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 Manipulation and Manual Therapy Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Low Back Chapter, Manipulation Section

Decision rationale: This is a chronic case with a future medical award. The records provided are not extensive given that the date of injury is 10/1/1990, however nine PR2 reports exist which document the patient's lack of progress in receiving chiropractic treatment. Chiropractic notes were provided in the records from 11/8/12 to 10/30/13. Objective functional improvement data from chiropractic care and modalities rendered to the lumbar spine do not exist and are not

available in the records as defined in the MTUS definitions. The documentation is available but what it shows is non-improvement. In fact by treatment in April 2013 and PR2 report dated 4/11/13 the PTP reports: "L-ROM: Flexion: to knee caused low back pain moderate to severe. Extension 5/25 caused lower back pain moderate to severe. Right and left rotation 20% caused low back pain moderate. Right and left lateral 15/25 caused low back pain moderate to severe. "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. 58-59 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 same section also states 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. ODG Low Back chapter, Manipulation Section states: "Recurrences/flare-ups-Need to re-evaluate treatment success, if 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 show objective functional improvement has been demonstrated, I find that one additional chiropractic care visit to not be medically necessary and appropriate.