

Case Number:	CM13-0060895		
Date Assigned:	12/30/2013	Date of Injury:	05/16/1980
Decision Date:	04/03/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/04/2013

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 expert reviewer is Licensed in Chiropractor and is licensed to practice in Texas. 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 an 80-year-old male who reported an injury on 05/16/1980. The mechanism of injury was not provided. The records submitted for review included chiropractic notes from 04/11/2013 through 05/31/2013 for a total of 13 visits. The progress note dated 11/20/2013 indicated the patient had complaints of low back pain, lumbar muscle spasm bilateral leg weakness and pain with intermittent foot muscle spasm. Upon examination, it was noted the patient had an extreme antalgic gait, non-ambulatory. The muscle strength was 4/5 to the L2 and L4 myotomes. The patient's discharged himself from the hospital to get help at the physician's office. The diagnosis provided was low back pain, lumbar disc degeneration, and muscle spasm. The note dated 11/14/2013 indicated the patient had rated his pain at a 9/10 and was prescribed muscle relaxers which had not given him any relief. Therefore, the request for 12 visits of chiropractic adjustments in physiotherapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) chiropractic treatments ([REDACTED]) between 11/14/13 and 2/18/14:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The prospective request for 12 chiropractic treatments ([REDACTED]) between 11/14/2013 and 02/18/2014 is non-certified. The California MTUS states that manual therapy and manipulation 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 objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It is recommended as an option for back pain of a trial of 6 visits over 2 weeks with evidence of objective functional improvement, a total up to 18 visits over 6 to 8 weeks. The records submitted for review failed to include documentation of objective measurable functional deficits to support chiropractic treatments. In addition, the records submitted for review indicated the patient had received a total of 13 chiropractic treatments previously and failed to include documentation of objective functional improvement with those 13 sessions. As such, the prospective request for 12 chiropractic treatments ([REDACTED]) between 11/14/2013 and 02/18/2014 is not supported. Therefore, the request is non-certified.