

Case Number:	CM13-0062549		
Date Assigned:	01/29/2014	Date of Injury:	12/11/2008
Decision Date:	05/09/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 Acupuncture 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 55 year old female who reported neck, low back and elbow pain from injury sustained on 12/11/2008. MRI of the lumbar spine revealed 2 level annular bulges but no disc herniation. Patient was diagnosed with lumbosacral sprain/ strain and thoracic sprain/strain. Patient has been treated with medication, physical therapy and chiropractic. Patient was seen for a total of 20 chiropractic visits. Primary care had requested additional 6-8 chiropractic visits, of which 6 were approved by the utilization reviews which is per guidelines. Per notes dated 11/19/13, "treatments have helped; pain is less; now comes and goes; pain is 4-5/10". Per notes dated 12/4/13, patient has reached "maximum medical improvement". Notes dated 01/14/14, state, "treatments have helped, had a flare lately; pain is 7/10; motion is getting better; still have to be careful doing heavy things like lifting or bending". There is no assessment in the provided medical records of functional efficacy with prior chiropractic care. 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 or decrease in medication intake; none of which were documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CHIROPRACTIC CARE TO CONSIST OF SPINAL MANIPULATION THERAPY (SMT), ADJUNCTIVE PHYSIOTHERAPY, SIX TO EIGHT OFFICE VISITS TO THE LUMBAR AND THORACIC SPINE: Upheld

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

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

Decision rationale: According to the MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation, "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 measureable gain in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities". MTUS guidelines, state, "Low Back: 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. Elective/ maintenance care- not medically necessary. Treatment parameters from state guidelines, A) Time of procedure effect: 4-6 treatments. B) Frequency 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. C) Maximum duration: 8 weeks. At 8 weeks 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". Based on the medical records provided for review the patient has had prior chiropractic treatments with symptomatic relief; however, clinical notes fail to document any functional improvement with prior care. According to the MTUS 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 or decrease in medication intake; none of which were documented. The request for outpatient chiropractic care to consist of spinal manipulation therapy (SMT), adjunctive physiotherapy, six to eight office visits to the lumbar and thoracic are not medically necessary and appropriate.