

Case Number:	CM13-0066630		
Date Assigned:	01/03/2014	Date of Injury:	04/22/1991
Decision Date:	08/04/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/16/2013

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 a Licensed 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 injured worker is a 52-year-old female with a reported date of injury on 04/22/1991. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted include sciatica, migraine, and hypertension, degeneration of lumbar or lumbosacral intervertebral disc. Her previous treatments were noted to include chiropractic care, psychiatric care, and medications. The progress note dated 12/05/2013 revealed the injured worker was still getting chiropractic care and overall functionality was improving. The physical examination to the back noted moderate stiffness and tenderness to palpation on the bilateral paraspinal musculature. There was full range of motion, negative straight leg raise bilaterally, full strength in the bilateral extremities, the deep tendon reflexes was reactive and symmetric and sensation was grossly normal in the lower extremities. The request for authorization form was not submitted within the medical records. The request was for chiropractic manipulation and traction for the cervical and lumbar spine (24 sessions), to improve functionality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation and traction for the cervical and lumbar spine (24 sessions):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

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

Decision rationale: The request for chiropractic manipulation and traction for the cervical and lumbar spine (24 sessions) is non-certified. The injured worker has received previous chiropractic sessions with noted functional improvement. The California Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation 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 and functional improvement by facilitating progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks for the low back and, with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The injured worker has received an unknown number of sessions with chiropractic care with noted functional improvement. However, there was a lack of current measurable objective functional deficits regarding range of motion and motor strength, as well as quantifiable objective functional improvement. Additionally, the unknown number of previous sessions of chiropractic therapy and whether it will be used as an adjunct to an exercise program, chiropractic treatment is not appropriate at this time. Additionally, the request for 24 sessions of chiropractic therapy exceed the guideline recommendations of up to 18 visits with evidence of objective functional improvement. Therefore, the request is non-certified.