MAXIMUS Federal Services

Case Number:	CM13-0067427		
Date Assigned:	01/03/2014	Date of Injury:	12/22/2009
Decision Date:	07/07/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/17/2013

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 Board Certified in Occupational Medicine 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:

This is a 56 year-old male who has reported pain in the neck, shoulders, low back and hip after an injury on 12-22-2009. On 6/29/13 the treating physician prescribed 12 visits of chiropractic care. There are no reports of the results of this chiropractic care, assuming it was completed. On 11/5/13 the primary treating physician reported low back and hip pain that is 8-9/10 and constant. The diagnoses included left hip osteoarthritis, left hip avascular necrosis, lumbosacral IVD syndrome, radiculopathy, and cervical IVD syndrome. The treatment plan had 15 different requests, one of which was 12 sessions of chiropractic care for the neck, low back, thigh and hip. The work status was "temporarily totally disabled" and there was no other discussion of function or functional goals.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 2 TIMES A WEEK FOR 6 WEEKS TO CERVICAL, LUMBAR, THIGH AND HIP #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANIPULATION, 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. Given the lack of information in the records about any prior completed chiropractic care, the current prescription is presumed to be for an initial trial. 12 visits exceed the recommended initial course per the MTUS. The treating physician has stated that the patient is "temporarily totally disabled", which implies near bed-bound status, inability to perform most ADLs, and inability to perform nearly all exercise. Given that the focus of manipulative therapy is functional improvement, "temporarily totally disabled" is not an appropriate starting point for therapy, and does not represent a sufficient emphasis on restoring function. "temporarily totally disabled" work status is not likely to represent an accurate measure of functional ability. Given that the focus of manipulative therapy is functional improvement, function (including work status or equivalent) must be addressed as a starting point for therapy. The current prescription (for 12 visits) is in great excess of what the MTUS recommends for chiropractic care as an initial trial. Therefore the prescription is not medically necessary as it would result in attendance at many visits beyond the MTUS-recommended trial of care prior to any determination of the necessary functional improvement. There is also an insufficient emphasis on function and functional restoration. The request is not medically necessary.