

Case Number:	CM13-0071223		
Date Assigned:	01/08/2014	Date of Injury:	06/19/2012
Decision Date:	06/05/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/26/2013

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 Chiropractic, 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 patient is a 55-year-old female who reported feeling a sharp pain in her lower back on 06/19/2012 when she bent down to pick up a bowl of fruit weighing 50-60 pounds. She presented for chiropractic care on 07/02/2013 with complaints of thoracolumbar pain, weight gain, difficulty sleeping, stress, and stomach complaints probably due to medication. Lumbar ranges of motion were reportedly restricted 30-40% with pain more on the right, Achilles DTRs were absent bilaterally and patellar DTRs were trace bilaterally, and decreased sensation to pinwheel on the right lower extremity was noted. Right SLR was painful in the lower back at 70° and on the left at 75°. The patient was diagnosed with lumbar disc syndrome (722.10), lumbar sprain/strain (847.2), radicular neuralgia (729.2), thoracic sprain/strain (847.1), thoracic segmental dysfunction (739.2), lumbar segmental dysfunction (739.3), signs of stress and depression (799.2), sleep disorder, and G.I. difficulties (secondary to chronic pain and possibly due to side effect of medications). There was a request for authorization of the 07/02/2013 visit and an additional 6-8 visits of chiropractic care were requested over 6-8 weeks. She treated with chiropractic care on 6 occasions from 07/02/2013 through 07/30/2013, and the provider reported some patient improvements overall. Diagnoses remained unchanged and there was a request for authorization for 4-6 additional visits. She treated with chiropractic care on 10 occasions from 07/02/2013 through 09/03/2013, the provider reported some patient improvements overall, diagnoses remained unchanged and there was a request for authorization of up to 10 visits to date an additional 3-5 visits. On 09/17/2013, the chiropractor requested 11 treatment sessions authorized from 07/02/2013 through 09/17/2013 and requested authorization for an additional 2-4 visits. On 10/08/2013, the chiropractor requested authorization for 12 treatment sessions from 07/02/2013 through 10/08/2013 and requested authorization for 2-3 additional visits. On 12/24/2013, the chiropractor reported the patient had treated with chiropractic care on 15 visits

from 07/02/2013 through 12/24/2013. The patient was treating at a frequency of every 3-4 weeks. Lumbar ROM was restricted 20% with more pain on the right, Achilles DTRs were absent bilaterally, patellar tendon reflexes were trace bilaterally, and there was decreased sensation to pinwheel on the right lower extremity. Right SLR was painful in the lower back at 80° and on the left at 85°. Diagnoses remained unchanged, and the chiropractor requested authorization for 4-6 additional visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC THERAPY TIMES TEN: 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 Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: The MTUS Chronic Pain Guidelines pages 58-59 supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of chronic pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement from care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. Although the patient did show some improvement with care rendered, MTUS Chronic Pain Guidelines recommend care only over a 6-8 week period. This patient was treated with chiropractic care on 15 occasions over a 25 week period from 07/02/2013 through 12/24/2013. On 12/24/2013 the provider reported the patient was treated at a frequency of every 3-4 weeks, which is consistent for elective/maintenance care and is not supported by the MTUS to be medically necessary. Submitted clinical records do not provide evidence the patient has experienced a recurrence/flare-up. The patient has treated in excess of MTUS Chronic Pain Guidelines' duration recommendations. As there is no evidence of a recurrence/flareup, and treatment reported is consistent with elective/maintenance level care, the request for 10 additional chiropractic treatment sessions is not medically necessary and appropriate.