

Case Number:	CM13-0072379		
Date Assigned:	01/08/2014	Date of Injury:	02/28/1985
Decision Date:	04/22/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/31/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of 2/28/85. A utilization review determination dated 12/2/13 recommends non-certification of chiropractic manipulation and physiotherapy 2 x 24. 11/22/13 chiropractic report identifies chronic neck and low back pain. He can only walk short distances before his pain is nearly unbearable. Treatment is requested for 2 visits per week for 6 months. Prior treatment at that frequency has decreased pain levels to tolerable and quality of life is improved with him being able to walk significant longer and cervical (ROM) range of motion has improved. He quickly returns to higher levels of pain without ongoing treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC MANIPULATION AND PHYSIOTHERAPY 2 TIMES A WEEK FOR 24 WEEKS FOR THE LOWER BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 58-60.

Decision rationale: Regarding the request for chiropractic manipulation and physiotherapy two (2) times a week for twenty-four (24) weeks for the lower back and neck, CA MTUS Chronic

Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. In the case of recurrences/flare-ups, up to 1-2 visits every 4-6 months are supported. Within the documentation available for review, the provider states that ongoing treatment decreased pain, increases ROM, and improves quality of life. However, there is no documentation identifying why any remaining deficits cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised treatment. Furthermore, the requested number of sessions well exceeds the recommendations of the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested chiropractic manipulation and physiotherapy two (2) times a week for twenty-four (24) weeks for the lower back and neck is not medically necessary.