

Case Number:	CM14-0001585		
Date Assigned:	01/22/2014	Date of Injury:	10/29/2012
Decision Date:	03/25/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The reviewer is Board Certified 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 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 45 year old male who reported low back, mid-back and neck pain from injury sustained on 10/29/12. The patient was diagnosed with headaches, thoracic pain and low back pain. The patient was treated with physical therapy, medication, injections and chiropractic. The patient was seen for more than 20 chiropractic visits and reported symptomatic improvement with treatment but there was lack of functional improvement. Per notes dated 07/17/13, the patient notes improvement with upper back with chiropractic treatments, but not as much with low back. Per notes dated 11/15/13, the patient noted more relief from his headaches after having chiropractic treatment. The patient did not note much improvement in his low back but the treatment did help his neck and mid-back. According to the notes, when the patient was attending chiropractic treatments on regular basis, he was able to drive and operate heavy equipment. The clinical notes provided fail to document any functional improvement with prior treatment. The patient has not had any long term symptomatic or functional relief with chiropractic care. The patient continues to have pain and flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six additional chiropractic therapy sessions: 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 and Manipulation Page(s): 58-59.

Decision rationale: The Chronic Pain Medical Treatment Guideline 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 objectively measureable gain in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For Low Back it is recommended as an option. Therapeutic care a 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. Reoccurrences/ flare-ups need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. At 8 weeks patients 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. The patient has had prior chiropractic treatments with symptomatic relief; however, clinical notes fail to document any functional improvement with prior care. Therefore, six additional chiropractic therapy visits are not medically necessary and appropriate.