

Case Number:	CM14-0001833		
Date Assigned:	01/22/2014	Date of Injury:	06/09/2011
Decision Date:	06/11/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/06/2014

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 male patient with the date of injury of June 9, 2011. The utilization review determination dated December 26, 2013 recommends non-certification of outpatient chiropractic treatment two (2) times a week times four (4) weeks and massage therapy once (1) times a week times four (4) weeks to the lower back. The previous reviewing physician recommended non-certification of outpatient chiropractic treatment two (2) times a week times four (4) weeks and massage therapy once (1) times a week times four (4) weeks to the lower back due to lack of documentation of how the current request is related to the original work injury of 2 years ago, objective barriers identified which would have prevented the natural resolution of this injury within the past 2 years, and no evidence of a recent acute aggravation or exacerbation of the original work injury. A progress report dated October 8, 2013 identifies history of chronic pain on the lower leg, primarily on the left side with associated numbness involving the left thigh. The patient is also experiencing pain in the right scapular region. The patient indicates his pain is approximately 6 on a scale of 10. Physical Examination identifies positive lumbar tenderness and paraspinous muscle spasm. There is some decreased range of motion of the lumbar spine secondary to pain. Discussion identifies the patient will start on massage therapy. A supplemental report dated September 13, 2013 identifies the patient was undergoing chiropractic care previously and this was significantly helping her symptomatology.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CHIROPRACTIC TREATMENT 2 TIMES A WEEK FOR 4 WEEKS TO THE LOWER BACK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

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

Decision rationale: Regarding the request for outpatient chiropractic treatment 2 times a week for 4 weeks to the lower back, The CA Chronic Pain Medical Treatment Guidelines (MTUS) support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. The MTUS recommends 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. Within the documentation available for review, the number of previous chiropractic care sessions completed to date is unclear. In addition, there is no evidence of objective functional improvement with previous sessions. In the absence of clarity regarding the above issues, the currently requested outpatient chiropractic treatment 2 times a week for 4 weeks to the lower back is not medically necessary.

OUTPATIENT MASSAGE THERAPY ONCE A WEEK FOR 4 WEEKS TO THE LOWER BACK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

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

Decision rationale: Regarding the request for outpatient chiropractic treatment 2 times a week for 4 weeks to the lower back, The CA Chronic Pain Medical Treatment Guidelines (MTUS) support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. The MTUS recommends 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. Within the documentation available for review, the number of previous chiropractic care sessions completed to date is unclear. In addition, there is no evidence of objective functional improvement with previous sessions. In the absence of clarity regarding the above issues, the currently requested outpatient chiropractic treatment 2 times a week for 4 weeks to the lower back is not medically necessary.