

Case Number:	CM14-0004849		
Date Assigned:	01/24/2014	Date of Injury:	01/14/2005
Decision Date:	06/10/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 62-year-old male, born on [REDACTED], with a date of injury of 01/14/2005. Details of the work-related injury were not reported. The progress report of 03/05/2013, notes the patient had no new injuries or was seeing any other doctors since his last visit relative to care of his injury. The exam report of 03/05/2013 notes patient complaints of neck and low back pain, the patient had treated with chiropractic care, and the patient was not working. Examination findings on 03/05/2013 reported the patient lacked 12-14 inches from touching toes, straight leg raising in supine position was 35-40° on the right and 30° on the left with pain in the low back, and the patient was diagnosed with cervical sprain, lumbar sprain with lower extremity radiculitis, L4-5 disc protrusion; disc bulges at L 1-2, L2-3, L3-4, L4-5, and L5-S1; right L5 radiculopathy, lumbar spine facet hypertrophy, status post lumbar ESI (07/2009 & 02/2010), C4-5 disc protrusion, disc bulges at C5-6 and C6-7. The examination record of 11/01/2013 reports neck and low back complaints, with the objective findings noted as tenderness over the right upper trapezius, levator scapulae, and rhomboids; diagnoses essentially unchanged from prior reports, and there was a prescription for chiropractic care two times per week for six weeks. Per submitted information, the patient had treated with chiropractic care on 38 occasions since 01/01/2013, without record of functional improvement with chiropractic care submitted for this review.

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 (8) WEEKS FOR CERVICAL/LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines MANIPULATION, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

Decision rationale: The request for additional chiropractic treatment sessions at a frequency of 2 times per week for 8 weeks is not supported to be medically necessary. The chiropractor did not submit documentation of patient history, comparative measured subjective or objective clinical data, treatment plans with measurable treatment goals, or clinical chart note records. According to submitted information, the patient had treated with chiropractic care on 38 occasions since 01/01/2013, and there is no record of functional improvement with chiropractic care rendered. MTUS (Chronic Pain Medical Treatment Guidelines), pages 58-59, supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of some chronic pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with 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. There was no documentation of functional improvement achieved through past chiropractic care rendered or evidence of a recurrence/flare-up, and elective/maintenance care is not supported to be medically necessary; additionally, the request for 16 chiropractic treatment sessions exceeds MTUS treatment guideline recommendations, therefore, the request for additional chiropractic sessions is not supported and would not be medically necessary.