

Case Number:	CM14-0100016		
Date Assigned:	07/28/2014	Date of Injury:	10/07/2004
Decision Date:	08/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/30/2014

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 licensed in Chiropractics 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 56-year-old female born on 12/14/1957. On 10/07/2004, while employed as a psychotherapist, she was facilitating a group session and as she got up from a chair to write on a board, her right foot slipped and she fell landing on her left knee. She has been treating with chiropractic care since at least 2012. The chiropractor's PR-2 of 06/01/2012 reports continued right shoulder pain and increased neck and lower back pain and spasms. Diagnoses were noted as cervical/CADS injury, thoracic sprain/strain, and lumbar sprain/strain. TTD was extended through 07/01/2012 and 12 sessions of PT were recommended. Diagnoses were unchanged. TTD was extended through 09/01/2012. The chiropractor's PR-2 of 09/07/2012 reports increased neck, low back, and shoulder complaints. A new treatment plan dated 05/30/2014 recommended a trial of 6 chiropractic visits over 2 weeks. The chiropractor's PR-2 of 06/20/2014 reports the patient woke up with stiffness and neck and bilateral upper extremity pain/numbness and tingling. Chiropractic treatment recommended as an option with evidence of functional restoration up to 18 visits. Diagnoses remained unchanged from 06/01/2012 through 06/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 sessions of chiropractic manipulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 08/04/2014.

Decision rationale: The request for 2 chiropractic treatment visits is not supported to be medically necessary. California MTUS (Chronic Pain Medical Treatment Guidelines) supports a trial of up to 6 visits of manual therapy and manipulation in the treatment of chronic low back pain complaints but reports no recommendations for or against manual therapy and manipulation in the treatment of cervical and thoracic conditions; therefore, both MTUS and ODG will be referenced. California MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits of manual therapy and manipulation in the treatment of chronic low back 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. Since California MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of cervical and thoracic conditions, ODG is the reference source for such. ODG Treatment, Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines: In the treatment of neck pain and cervical strain, ODG supports a 6-visit trial of care over 2-3 weeks, with consideration for additional treatment sessions (a total of up to 18 visits over 6-8 weeks, avoid chronicity) based upon evidence of objective functional improvement with care rendered during the treatment trial. This patient has been treating with chiropractic care since at least 2012 and remains with chronic pain complaints. There is no evidence of measured objective functional improvement with chiropractic care rendered, no evidence of an acute flare-up, no evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for 2 chiropractic treatment visits exceeds MTUS and ODG recommendations and is not supported to be medically necessary.