

Case Number:	CM14-0108458		
Date Assigned:	08/01/2014	Date of Injury:	03/10/2006
Decision Date:	10/20/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/12/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 52 year old male employee with date of injury of 3/10/2006. A review of the medical records indicates that the patient is undergoing treatment for lumbar spine facet syndrome, cervicobrachial syndrome and thoracic spine myofascitis. Subjective complaints include lower back pain rating 8-10/10. Pain described as constant aching, sharp, throbbing, and deep; aggravated by bending, lying down, prolonged sitting, standing and walking. The pain is reduced when lying down, with chiropractic treatments and resting. Aggravating factors include: lifting, pulling, pushing, lying down on the left side and working. Objective findings include physical exam which revealed tender areas in the lumbar region on both sides (grade 2), moderate hypertonicity in the lumbar region on both sides; trigger points are present in the erector spine bilaterally (moderate). Moderate myofascial trigger point was present in the trapezius on both sides. The predominant complaint is a dense trapezius trigger point associate with neck and shoulder pain. Treatment has included a trigger point injection which gave the patient 50% pain relief which lasted over 6 weeks. (Date of injection unknown). As of 4/2014, the patient had exhausted 24 therapy visits, home exercises, NSAIDS, Flexeril, Tramadol/ Ultram with no pain relief. The utilization review dated 6/20/2014 non-certified the request for Chiropractic 1 times a week times 6 Weeks for the Cervical and Lumbar Spine due to lack of sufficient documented need.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 x Week x 6 Weeks Cervical & Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

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) Low Back - Lumbar & Thoracic (Acute & Chronic), Chiropractic, Manipulation

Decision rationale: ODG recommends chiropractic treatment as an option for acute low back pain, but additionally clarifies that "medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated." Additionally, MTUS states "Low back: Recommended as an option. Therapeutic care- 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. Recurrences/flare-ups - Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." Medical documents do not indicate the number of sessions, results of treatment, nor plan for treatment. As such, the request for 6 sessions of chiropractic manipulation is not medically necessary.