

Case Number:	CM14-0015298		
Date Assigned:	02/28/2014	Date of Injury:	04/03/1995
Decision Date:	11/18/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/06/2014

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 Internal Medicine, and is licensed to practice in New York. 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 year old male traffic painter with a date of injury of 04/03/1995. He was getting out a street sweeper when he slipped on some water and fell backward. He had a neck, low back and left hip injury. The diagnosis was cervical and lumbar strain/sprain. He was evaluated in an ER that day, had x-rays of his neck and back and was released home that day. On 04/28/1995 he was able to ambulate on his heels and on his toes. Reflexes were normal. Sensation was normal. Straight leg raising was negative. In 05/1995 he had 3 physical therapy visits. On 06/14/1995 he had a lumbar MRI that revealed disc bulging at L3-L4 and L4-L5 but no foraminal stenosis or central canal stenosis. On 06/20/1995 he had a normal range of motion of the lumbar spine. Reflexes were normal and motor strength was intact. On 07/28/1995 he had a left lower extremity EMG/NCS. The NCS was normal. The EMG motor potential units were normal potentials and pattern of recruitment. There may have been some involvement of the posterior branch of the lower lumbar nerve roots. On 09/12/1995 he was P&S. On 01/03/1998 an award contract was signed which stipulated only epidural steroid injections as future possible treatment. With these stipulations the award was signed by the judge on 01/20/1998. There were no future chiropractic treatments or physical therapy visits noted in this contract. He has not returned to work. On 01/06/2014 he had low back pain that radiated to the left leg. He also had intermittent neck pain and stiffness. Since his previous office visit on 11/18/2013 he completed 3 chiropractic visits and thought they were helpful. The cervical spine and lumbar spine were tender to palpation. He had decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy 2-3 Times a Month For 6 Months As Needed For The Cervical And Lumbar Spine (DOS: 01/06/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: Recommended 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 objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, 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. The date of injury was 04/03/1995 and the requested chiropractic treatment is not for an acute injury to help the patient return to work. He was P&S on 09/12/1995. He continues to be out of work and although he had chiropractic, treatment in 11/2013 there is no objective documentation of any functional improvement. For a therapeutic trial, a request for 18 chiropractic visits is not consistent with MTUS guidelines. Without objective functional improvement, a request for up to 18 chiropractic visits as additional treatment is not consistent with MTUS guidelines. Therefore, the request is not medically necessary.