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| Case Number: | CM14-0019355 | | |
| Date Assigned: | 04/21/2014 | Date of Injury: | 08/02/2012 |
| Decision Date: | 07/02/2014 | UR Denial Date: | 01/10/2014 |
| Priority: | Standard | Application Received: | 02/14/2014 |

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 59-year-old male, born on [REDACTED]. The patient experienced an industrial injury on 08/02/2012 from lifting and pulling at work. He treated with chiropractic care from at least 05/23/2013 through 11/19/2013, at which time there was a request for additional treatment sessions. He has been diagnosed with cervical disc displacement, cervical sprain, and lumbar sprain. The progress report of 01/14/2013 reports continuing pain in the right arm, shoulder and low back sciatica, no measured objective factors were noted and diagnoses were noted as cervical and lumbar disc disease with radiculopathies. The cervical spine MRI was performed on 03/15/2013 findings of C6-C7 annular disk bulge and degenerative spurring, C5-C6 broad-based central protrusion, and C3-C4 at C-4-C5 mild narrowing the central canal secondary to dorsal bulging of the disc. The chiropractor's first report of injury indicates the patient presented on 05/23/2013 with complaints of low back pain radiating to the neck and down the right arm, a physical examination was performed and the diagnoses were noted as low back pain with radiation (724.2), cervicobrachial syndrome (723.4), radicular neuralgia (724.4) and cervicalgia (723.1). Treatment on 05/23/2013 consisted of manipulation/mobilization, mechanical traction, electric muscle stimulation, and myofascial release, and the chiropractor requested four chiropractic treatment sessions with physiotherapy at a frequency of two times a week for two weeks. Electrodiagnostic studies were performed on 06/18/2013 with findings of electrodiagnostic evidence suggestive of a cervical radiculopathy involving the bilateral C5/C6 nerve roots and evidence of a bilateral lumbar radiculopathy involving bilateral L5/S1 nerve roots. The chiropractic progress report of 06/26/2013 reports by checklist style the complaint as "spine," without objective measured factors noted, and diagnoses of cervicalgia, low back pain, brachial neuritis or radiculitis, and radicular neuralgia reported. The patient was to remain off work for an unreported period of time. A quantitative functional capacity evaluation (QFCE) was

performed on 06/26/2013 with the patient reporting pre-examination perceived pain scale as 7/10, findings of decreased cervical and lumbar spine ranges of motion, deconditioning, and reporting post-examination pain scale is 8/10. The chiropractor's progress report 07/31/2013 reports complaints by checklist style only as "spine" and no measured objective factors report. The patient underwent chiropractic evaluation on 11/14/2013, reported on 11/19/2013, relative to upper and lower back complaints with pain radiating to his right leg. By examination, cervical and lumbar spinal ranges were decreased, right patellar and Achilles deep tendon reflexes (DTRs) were hyporeflexia and all other DTRs within normal limits and several orthopedic testing procedures were reported as positive and the diagnoses were noted as cervical spine discography, and the patient was temporary total disability (TTD) until 01/31/2014. Treatment on 11/14/2013 consisted of physiotherapy, spinal traction, long axis traction, interferential current, trigger point therapy, and chiropractic adjustments. The provider reported, "Due to the chronicity of this reported injury and the failure of his condition to resolve I am requesting authorization for an orthopedic evaluation." Six visits of chiropractic care were requested on 11/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT AND PHYSIOTHERAPY (FUNCTIONAL RESTORATION) 2X3 VISITS FOR THE LUMBAR SPINE STARTING DATE OF SERVICE 11/14/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

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 two times per week for three weeks is not supported to be medically necessary. Per submitted information, the patient had treated with chiropractic care from at least 05/23/2013 through 11/14/2013. On 11/19/2013, the chiropractor reported the patient's condition had failed to resolve. 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 chiropractic care rendered or evidence of a recurrence/flare-up, and elective/maintenance care is not supported to be medically necessary; therefore, the request for additional chiropractic sessions is not supported to be medically necessary.