

Case Number:	CM14-0019706		
Date Assigned:	04/28/2014	Date of Injury:	08/12/2013
Decision Date:	07/08/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/18/2014

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 Chiropractic Services 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 36-year-old female, born on [REDACTED]. She is a massage therapist and experienced a work-related injury on 08/21/2013 when she carried a massage table and several pieces of furniture up the flight of stairs. She presented for medical care on 08/26/2013 with mid/lower back pain rated 6/10; examination revealed limited range of motion, lower extremity sensation normal, SLR negative bilaterally, muscle spasm, heel and toe walk normal, toe standing and walking normal, lower extremity muscle strength 5/5, paraspinal spinal muscle tenderness to palpation, and no radiculopathy; she was diagnosed with lumbar strain (847.2) and was given a prescription for muscle relaxants. She began physical therapy on 09/11/2013 and per submitted information treated on 12 occasions. She was seen in medical follow-up on 09/19/2013 with mid/lower back pain rated 5/10, which could reach 6/10, objectives were consistent with those noted on 08/26/2013. She was reportedly doing well with PT and there was a request for additional PT sessions at a frequency of 2 times per week for 3 weeks. Per progress report of 10/15/2013, her subjectives and objectives remained essentially unchanged, and she had begun her second round of PT. The progress report of 10/30/2013 notes her mid/lower back symptoms were more intense than prior with no comparative measured objectives reported, she was prescribed medications, and an MRI would be requested. The progress report of 11/19/2013 notes ongoing mid/lower back symptoms rated 6/10, no measured objective factors were reported, and she continued to have low back pain despite PT and conservative care. The progress report of 11/26/2013 reports ongoing symptoms and there was a request for 6 chiropractic treatment sessions. The progress report of 01/21/2014 noted ongoing mid/low back pain rated 4/10 but pain could reach 7/10. On 01/24/2014 there was a request for 6 additional chiropractic treatment sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC X 6 SESSIONS: Upheld

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

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

Decision rationale: This patient had completed a 6 visit chiropractic treatment trial without evidence of objective functional improvement with 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 evidence of objective functional improvement achieved through past chiropractic care rendered and elective/maintenance care is not supported to be medically necessary; therefore, the request for 6 additional chiropractic sessions is not supported to be medically necessary.