

Case Number:	CM14-0110995		
Date Assigned:	08/01/2014	Date of Injury:	11/22/2012
Decision Date:	09/09/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/16/2014

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 Chiropractic and Acupuncture 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 injured worker is a 47-year old female who reported neck, right shoulder, right elbow, bilateral hand/ wrist; low back, bilateral hips; bilateral knees and bilateral ankle pain from injury sustained on 11/22/12. She was trying to open a jammed metal door in order to get some merchandise out, when she suddenly pushed back stumbling over the merchandise and injuring her low back. All other injuries are from cumulative trauma. There were no diagnostic imaging reports. Patient is diagnosed with cervical spine sprain/strain; cervical radiculopathy; right shoulder sprain/strain; right elbow medial and lateral epicondylitis; bilateral wrist sprain/strain; lumbar sprain/ strain; lumbar radiculopathy; bilateral hip pain' bilateral knee sprain/strain and bilateral ankle pain. Patient has been treated with medication, physical therapy, shockwave therapy, acupuncture and chiropractic. Per medical notes dated 02/11/14, patient complains of neck, right shoulder, right elbow, bilateral hand/ wrist; low back, bilateral hips; bilateral knees and bilateral ankle pain; all rated at 4-7/10. Patient states that the symptoms persist but the medications do offer her temporary relief of pain and improves her ability to have restful sleep. Treatment plan is for her to continue course of chiropractic treatment for cervical and lumbar spine. Per medical notes dated 06/16/14, patient complains of neck, right shoulder, right elbow, bilateral hand/ wrist; low back, bilateral hips; bilateral knees and bilateral ankle pain with associated muscle spasms. Pain for all body parts is rated at 4-7/10. Patient states that the symptoms persist but the medications do offer her temporary relief of pain and improves her ability to have restful sleep. Examination revealed tenderness to palpation and decreased range of motion. Chiropractic progress notes were not submitted for review. There is no assessment in the provided medical records of functional efficacy with prior chiropractic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a chiropractic specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Manual Therapy and Manipulation>, page(s) <58-59> Page(s): 58-59.

Decision rationale: Per MTUS- Chronic Pain medical treatment guideline Manual therapy and manipulation Page 58-59. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measureable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities". 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. A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function. According to the medical records, patient has had prior chiropractic treatment. Per medical notes dated 02/11/14, treatment plan was for her to "continue course of chiropractic treatment for cervical and lumbar spine. Previous chiropractic progress notes were not submitted for review. There is no assessment in the provided medical records of functional efficacy with prior chiropractic visits. There is lack of documentation of measurable objective functional improvement and the number of visits administered. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per review of evidence and guidelines, consultation with a chiropractic specialist and 6 chiropractic visits are not medically necessary.

6 chiropractic sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation Page 58-59. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measureable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities".

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. A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function". According to the medical records, patient has had prior chiropractic treatment. Per medical notes dated 02/11/14, treatment plan was for her to "continue course of chiropractic treatment for cervical and lumbar spine. Previous chiropractic progress notes were not submitted for review. There is no assessment in the provided medical records of functional efficacy with prior chiropractic visits. There is lack of documentation of measurable objective functional improvement and the number of visits administered. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per review of evidence and guidelines, 6 chiropractic visits are not medically necessary.