

Case Number:	CM14-0111428		
Date Assigned:	08/01/2014	Date of Injury:	03/06/2014
Decision Date:	09/09/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/17/2014

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 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 41 year old female who reported neck and low back pain from injury sustained on 03/06/14 due to cumulative trauma. There were no diagnostic imaging reports. The patient is diagnosed with cervical sprain/strain with underlying myofascial pain syndrome and lumbar spine sprain/strain with underlying radiculopathy. The patient has been treated with medication and therapy. Per medical notes dated 06/05/14, the patient complains of persistent neck pain rated at 8/10. She has numbness and tingling in her right upper extremity. The patient complains of low back pain rated at 8/10 and has numbness and tingling in right lower extremity. Examination revealed tenderness to palpation and decreased range of motion. Per medical notes dated 07/19/14, due to the pain as well as muscle guarding, there was limited range of motion. Per progress notes, patient underwent 6 chiropractic treatments with benefit and improvement, she demonstrates decreased cervical and lumbar spine range of motion. Provider is requesting 1 extended evaluation upon completion of initial trial of chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extended Evaluation upon completion of initial trial of chiropractic/physiotherapy:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 136, Chronic Pain Treatment Guidelines Page(s): 58-60.

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: Recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measureable gain in functional improvement that facilitates progression in the patient's therapeutic exercise program and return to productive activities. Treatment parameters from state guidelines: 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 the 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. The provider is requesting an initial trial of chiropractic care which was authorized and extended evaluation upon completion of initial trial of chiropractic. 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. Functional improvement can be documented in the history (VAS scale, improvement in activities of daily living, changes in work restrictions) and physical examination by documenting range of motion. MTUS Guidelines further recommends using neck disability index and Oswestry low back disability questionnaires for functional improvement documentation. Medical necessity is not established for 1 extended evaluation upon completion of initial trial of chiropractic/physiotherapy.