

Case Number:	CM14-0112314		
Date Assigned:	08/01/2014	Date of Injury:	02/20/1997
Decision Date:	09/09/2014	UR Denial Date:	07/01/2014
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 Board Certified in Chiropractic and is licensed to 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 61-year-old female born on 01/09/1953. There is a reported date of injury of 02/20/1997, but no historical information was submitted for review. She presented for chiropractic care on 03/21/2014 noting cervical pain 8/10, upper back pain 8/10, low back pain 8/10, and pain 6/10 and shoulder pain 8/10. By examination on 03/21/2014, fixations were noted in the cervical, thoracic, and lumbar spines; muscle tightness and stiffness were noted in the cervical, thoracic, and lumbar spines; upper and lower extremity DTRs were strong bilaterally; and cervical compression, shoulder depression, Ely heel to buttock and Gaenslen's tests were positive bilaterally; cervical and lumbar spine ranges of motion were reportedly decreased and painful in all planes yet degrees of motion were not noted, upper and lower extremity dermatome testing was normal, upper extremity motor strength was 5/5 bilaterally, and hip flexor motor strength 4/5 bilaterally and all other lower extremity motor strength 5/5 bilaterally. The patient was to call for appointment is needed. The patient treated with continued chiropractic care on as needed basis on 8 occasions from 03/21/2014 through 05/21/2014. Chart notes of 03/21/2014, 03/25/2014, 03/28/2014, 04/03/2014, 04/10/2014, 04/17/2014, and 04/24/2014 each report the patient had suffered an acute moderate exacerbation, and the note of 05/01/2014 reports the patient had entered a more intermediate stage. On 05/01/2014, the patient reported neck pain 2/10, upper back pain 2/10 and shoulder pain 2/10, and by examination fixations and increased muscle tone were noted in the cervical, thoracic, and lumbar spines, with no measured comparative objective data noted. The patient authored a letter dated 08/11/2014 in response to a prior peer review report. The patient reported she did not ask her chiropractor to request 12 treatments, she asked for a few treatments on an as needed basis. The patient reported while under regular chiropractic care (once every 4-7 weeks) she did not need to be on medication. There is a request for 12 chiropractic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

RFM Chiro x 12 to neck and back: 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 & MANIPULATION Page(s): 58-60.

Decision rationale: The request for 12 chiropractic treatment visits is not supported to be medically necessary. MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation 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. The patient has treated with an unreported number of chiropractic visits, with ongoing treatments on 8 occasions from 03/21/2014 through 05/01/2014 performed on an as needed basis. There is no documentation of lasting improvement with care rendered. Although notes indicate VAS pain scales decreased, there is no documentation of measured objective functional improvement with chiropractic treatments, there is no measured evidence of a recurrence/flare-up, and elective/maintenance care is not supported; therefore, the request for 12 chiropractic visits exceeds MTUS recommendations and is not supported to be medically necessary.