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| Case Number: | CM14-0112841 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 10/08/1998 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 07/09/2014 |
| Priority: | Standard | Application Received: | 07/18/2014 |

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 Board Certified in Chiropractic 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 45-year-old female born on 12/20/1968. She has a reported date of injury on 10/08/1998, but no history information was provided for this review. Clinical documentation provided for this review is consistent of continued care from an unreported date. The earliest dated document is the chiropractic chart note of 11/14/2012, which reports patient's complaints of neck and back pain had worsened without treatment over the last couple of weeks. Objective findings were noted as palpatory muscular hypertonicity and subluxations in the cervical and dorsal spines. No comparative measured objective data was reported. Diagnoses were reported as spinal enthesopathy, cervicgia, and myalgia and myositis. Treatment consisted of spinal manipulation, myofascial release, electrical stimulation, and moist heat. The patient was to return three times per week for two weeks, but no measurable treatment goals were reported. The patient treated with chiropractic care on the following dates: 11/14/2012, 11/21/2012, 11/30/2012, 01/18/2013, 02/26/2014, 03/03/2014, 03/05/2014, 03/10/2014, 06/09/2014, 06/16/2014, 06/23/2014, and 06/30/2014. On each of the 12 treatment sessions the objectives were noted as spinal muscular hypertonicity and subluxations. On each date of service the diagnoses remained unchanged and reported as spinal enthesopathy, cervicgia, and myalgia and myositis. Treatment on each of the 12 treatment sessions consisted of spinal manipulation, myofascial release, electrical stimulation, and moist heat. No history updates or measured subjective or objective clinical data was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Spine six additional visits: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 08/04/2014.

Decision rationale: 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 chronic low back pain 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. MTUS (Chronic Pain Medical Treatment Guidelines) reports no recommendations for or against manual therapy and manipulation in the treatment of neck or upper back conditions; therefore, ODG also becomes a reference source because MTUS does not specifically address the upper and mid back, ODG is the reference source. ODG Treatment, Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines: In the treatment of neck pain and cervical strain, ODG supports a 6-visit trial of care over 2-3 weeks, with consideration for additional treatment sessions (a total of up to 18 visits over 6-8 weeks, avoid chronicity) based upon evidence of objective functional improvement with care rendered during the treatment trial. The submitted documentation notes the patient has been treating with chiropractic care since at least 11/14/2012. On each of the 12 reported treatment sessions from 11/14/2014 through 06/30/2014 the objectives, diagnoses and treatments remained unchanged. Records do not report history updates or measured subjective or objective clinical data was reported. The submitted documentation does not provide evidence of objective functional improvement with chiropractic care rendered, evidence of acute exacerbation, or evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for 6 additional chiropractic treatment sessions exceeds MTUS and ODG Treatment Guidelines recommendations and is not medically necessary.