

Case Number:	CM14-0114020		
Date Assigned:	08/01/2014	Date of Injury:	07/01/2013
Decision Date:	09/10/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/21/2014

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 Texas. 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 52-year-old male who reported an injury on 6/7/10 and 7/1/13. The mechanism of injury was not provided for review. The injured worker had a history of neck and lower back pain with diagnoses of cervical discopathy and lumbar discopathy/lumbar segmental instability. The MRI dated 6/26/13 revealed L4-5 disc degeneration with disc height loss and a 4 mm right foraminal disc protrusion. The diagnostics included x-rays and a bone scan. The objective findings of the cervical spine dated 7/2/14 revealed palpable paravertebral muscle tenderness with spasms, positive axial loading compression test and a positive Spurling's maneuver. The range of motion was limited with pain, coordination and balance were intact along with normal sensation and strength. The objective findings of the lumbar spine revealed palpable paravertebral muscle tenderness with spasm, and positive seated nerve root. The flexion and extension to the lumbar spine was guarded with standing. No medications were made available. Per the 6/4/14 chart notes, the reported pain level was a 7/10 using the VAS. The treatment plan included medication refill(s), and chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care lumbar/cervical 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care. Decision based on Non-MTUS Citation Title 8. Industrial Relations Division

1. Department of Industrial Relations Chapter 4.5 Division of Workers' Compensation Subchapter 1. Administrative Director - Administrative Rules.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6 to 8 weeks may be appropriate. Treatment for flare ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle and foot, carpal tunnel syndrome, the forearm, wrist, hand, or the knee. If chiropractic treatment is going to be effective, there should be some outward sign or objective improvement within the first 6 visits. Treatment beyond 4 to 6 weeks should be documented with objective improvement in function. The maximum duration is 8 weeks, and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. Per the clinical note provided, there was no evidence of any medication. The injured worker rated his pain a 7/10. However, no pain medication was available for review or for effectiveness. There was no justification in the documentation for chiropractic or how it would benefit the injured worker. The clinical notes provided were vague. Per the clinical notes the injured worker had received 3 sessions of chiropractic treatment; however, the chiropractic notes were not submitted within the documentation. As such, the request is not medically necessary.