

Case Number:	CM14-0118292		
Date Assigned:	08/06/2014	Date of Injury:	12/02/1999
Decision Date:	09/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/28/2014

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 Services 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 an 85-year-old male born on 09/09/1928. There is a reported date of injury on 12/02/1999, but no historical information relative to injury was provided for this review. The patient treated with 11 chiropractic visits in 2013, and 30 visits between 2011 and 01/07/2014. The chiropractor's PR-2 of 01/06/2011 reports the patient was pre-approved for 6 chiropractic visits addressing his lower back. On 06/06/2011, the patient reported complaints of slight to moderate low back pain accompanied with left leg pain. Lumbar examination findings on 06/06/2011 included + Kemp's, + left SLR at 60, + bilateral SLR with chin to chest at 60, + active bilateral leg raising/lowering, lumbar flexion brings fingers to floor; extension, bilateral bending and bilateral rotation elicits low back pain. There was a request for 6 visits of chiropractic care at a frequency of 2 times per week for 3 weeks. On 11/14/2011 the patient reported complaints of slight to moderate lower back pain accompanied with left leg pain. Lumbar examination findings on 11/14/2011 included + SLR 60, + passive bilateral leg raising/lowering 60, + active bilateral leg raising and lowering, + bilateral SLR at 45 with chin to chest, + Kemp's, - lumbar flexion fingers to floor; extension, bilateral lateral flexion and bilateral rotation elicited lumbar pain. There was a request for 6 visits of chiropractic care at a frequency of 2 times per week for 3 weeks. On 06/07/2012 the patient reported complaints of slight to moderate lower back pain accompanied with slight to moderate left leg pain. Lumbar examination findings on 06/07/2012 included + Valsalva, + cough, + Kemp's, - lumbar flexion fingers to floor, + extension, + bilateral lateral bending and + bilateral rotation. There was a request for 6 visits of chiropractic care at a frequency of 2 times per week for 3 weeks. The patient was certified six chiropractic visits from 06/08/2012 through 08/08/2012. On 02/04/2013 the patient reported complaints of slight to moderate lower back pain accompanied with slight to moderate left leg pain. Lumbar examination findings on 02/04/2013 included + Valsalva, +

costs, + right Kemp's. There was a request for 6 visits of chiropractic care at a frequency of 2 times per week for 3 weeks. On 02/08/2013, the patient was approved for six chiropractic visits. On 12/05/2013 the patient reported intermittent slight to moderate lower back pain accompanied with frequent slight to moderate left leg pain. Lumbar examination findings on 12/05/2013 included + Valsalva, + Kemp's, + bilateral leg raising/lowering, + bilateral SLR at 70, + bilateral SLR with chin to chest 60,; + lumbar spine flexion pain there is one-inch from floor, + lumbar extension to low back, + bilateral lateral flexion to low back, and - bilateral rotation. There was a request for 6 visits of chiropractic care at a frequency of 2 times per week for 3 weeks. On 12/11/2013, the patient was approved for 6 chiropractic visits. In medical follow-up on 07/10/2014, the patient reported treating with chiropractic care for his low back pain twice a year and he had done so over the past 12 years. Diagnoses included shoulder joint pain, lumbago, lumbar DDD, and sciatica. The provider noted a request for authorization of 6 visits of chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 CHIROPRACTIC MANIPULATION SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

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 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. Information submitted for this review indicates the patient treated with chiropractic care on 30 occasions between 2011 and 01/07/2014. Throughout this reported course of care the reported subjectives remained essentially unchanged. There is no documentation of measured objective functional improvement with a trial of up to 6 visits over 2 weeks of manual therapy and manipulation, there is no measured and comparative evidence of a recurrence/flare-up, and elective/maintenance care is not supported; therefore, the request for 6 additional chiropractic visits exceeds MTUS guidelines are not medically necessary and appropriate.