

Case Number:	CM14-0120754		
Date Assigned:	08/06/2014	Date of Injury:	12/01/2006
Decision Date:	09/11/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/30/2014

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 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 53-year-old male with a date of injury on 12/01/2006. There was no biomechanical history of injury provided for this review. The chiropractor's notes report the patient's last examination was performed on 12/23/2011. The patient has completed all pre-authorized chiropractic treatments and has been released. On 12/23/2011 the patient reported mild low back stiffness with no radiculopathy. The report on 01/09/2012 indicates low back pain improved from 73% to 60%. Patients straight leg raise returned to normal from lumbosacral pain, and milligram test returned to normal from lumbosacral pain. The patient was diagnosed with chronic effects of lumbar sprain or strain, chronic effects of thoracic sprain or strain, myalgia, and low back pain. The patient underwent chiropractic re-examination on 11/16/2012 with complaints of right low back pain with right lower extremity radiculopathy. Patient self-rated 60% out of 100% pain and reported a flare-up three weeks prior. The chiropractor reported joint restrictions, right erector spinae and right quadratus lumborum myospasm. Milligrams test showed low back pain and straight leg raise was negative. The treatment plan noted the patient was treated twice per authorization with no additional treatments scheduled. During chiropractic treatment on 01/02/2013 objectives of joint restrictions, myalgia bilateral quadratus lumbar and erector spinae muscles were not reported. Patient had a twelve pound weight loss via diet, and no lower extremity weakness was reported. The medical physician's peer to peer review on 07/02/2014 reports the patient was seen for follow-up visit and was generally unchanged. The patient was diagnosed with anterior chest wall pain, chronic back pain, and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 chiropractic manipulation treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: The request for three chiropractic treatment visits for the lumbar spine with frequency of one visit per week for three weeks is not supported to be medically necessary. Medical Treatment Utilization Guidelines supports a trial of up to six visits over two weeks of manual therapy and manipulation in the treatment of chronic pain complaints, caused by musculoskeletal conditions. The time to produce effectiveness is four to six weeks, treatments beyond four to six visits should be documented with objective improvement in function. Evidence of objective functional improvement with care during the six visit treatment with a total of up to eighteen visits over six to eight weeks may be considered. Elective maintenance care is not medically necessary. For recurrences or flare-ups, there is the need to evaluate prior treatment success. For a return to work then one to two visits every four to six months is needed to evaluate prior treatment success. The patient has been treating with chiropractic care since 11/23/2011. There is no objective evidence of efficacy with care rendered and no evidence of flare-up. The medical physician's peer to peer review on 07/02/2014 reports the patient was seen for a follow-up visit. There is no documentation of functional improvement with six visits over two weeks of manual therapy and manipulation and no evidence of a recurrence or flare up. On 07/02/2014 the patient reported there has been no change and elective maintenance care is not supported. The request for three chiropractic treatment visits exceeds California MTUS recommendations and is not supported to be medically necessary.