

Case Number:	CM14-0124875		
Date Assigned:	08/11/2014	Date of Injury:	05/04/2004
Decision Date:	09/11/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/07/2014

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 a Licensed Chiropractor 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 injured worker is a male who sustained an injury to his neck, upper back, lower back and knees on 5/4/2004. The patient injured his knees, neck, upper back and lower back while performing his duties as a fire department employee. The primary treating physician states "the patient complains of moderate pain in both sides of the neck the upper back and lower back which he rated a 5 out of 10 on a visual analog scale and stiffness in both sides of the neck, the lower back and upper back." The patient has been treated with medications and chiropractic care. The diagnoses listed are cervicalgia, thoacicalgia, lumbalgia and shoulder pain. There are no diagnostic imaging studies in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation and trigger point therapy for the back and knees, x 11 visits (date of service 01/0/14 to 05/30/14): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back and Knees Chapters, Manipulation and Massage Sections.

Decision rationale: The chiropractic treatment records provided for review present with findings that do not show objective functional improvement with the past chiropractic care rendered, per MTUS definitions. The PTP is requesting 11 sessions of chiropractic care to the low back and knees. This number far exceeds the recommended MTUS sessions for treatment of flare-ups. The basis for this unusual and large number of care sessions is not clear. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The Official Disability Guidelines (ODG) Low Back Chapter recommends 1-2 additional chiropractic care sessions and massage therapy for flare-ups "with evidence of objective functional improvement." The MTUS does not recommend manipulation or massage therapy for the knees. Therefore, the retrospective request for chiropractic manipulation and trigger point therapy for the back and knees, 11 visits (date of service 01/01/14 to 05/30/14) is not medically necessary and appropriate.

Chiropractic manipulation and trigger point therapy for the back and knees, once per week for the next 6 months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back and Knee Chapters, Manipulation and Massage Sections.

Decision rationale: The chiropractic treatment records provided for review present with findings that do not show objective functional improvement with the past chiropractic care rendered, per MTUS definitions. The PTP is requesting 11 sessions of chiropractic care to the low back and knees. This number far exceeds the recommended MTUS sessions for treatment of flare-ups. The basis for this unusual and large number of care sessions is not clear. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The Official Disability Guidelines (ODG) Low Back Chapter recommends 1-2 additional chiropractic care sessions and massage therapy for flare-ups "with evidence of objective functional improvement." The MTUS does not recommend manipulation or massage therapy for the knees. Therefore, the retrospective request for chiropractic manipulation and trigger point therapy for the back and knees, 11 visits (date of service 01/01/14 to 05/30/14) is not medically necessary and appropriate. Therefore, the request for chiropractic manipulation and trigger point therapy for the back and knees, once per week for the next 6 months is not medically necessary and appropriate.

