

Case Number:	CM14-0132284		
Date Assigned:	09/29/2014	Date of Injury:	02/18/2014
Decision Date:	12/16/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/18/2014

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 a licensed Chiropractor and Acupuncturist 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 61 year old female who reported low back pain from injury sustained on 02/18/14 after carrying a 55 lb. box about 200 feet, she felt a pop in her low back and subsequently developed neck, mid back and left shoulder pain. X-rays of the cervical spine revealed straightening of cervical lordosis; and calcification anterior to disc level C6-7. MRI of the thoracic spine revealed 3mm posterior disc at T5-6 and T7-8. MRI of the lumbar spine revealed 9.2 degree rotoscoliosis maximum at L1-2 and mild disc space narrowing at L5-S1. Patient is diagnosed with lumbar sprain/strain with bilateral sciatica; cervical spine sprain/strain; thoracic spine sprain/strain and supraspinatus sprain/strain. Patient has been treated with medication and therapy. Per medical notes dated 06/30/14, patient complains of mild left greater than right neck pain that radiates to the left scapula. Patient reports frequent to constant, mild to occasion, severe low back pain. Pain radiates up to underneath the left shoulder blade. Examination of the lumbar spine revealed tenderness to palpation of the paraspinal muscles and decreased range of motion. Provider requested initial trial of 12 chiropractic sessions which were modified to 6 by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments 3x4: 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 and Manipulation Page(s): 58-59.

Decision rationale: Per the MTUS- Chronic Pain Medical Treatment Guideline - Manual Therapy and Manipulation Pages 58-59, "Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities". Low Back: Recommended as an option. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/ maintenance care is not medically necessary. Re-occurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines: A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function". The patient has not had prior chiropractic treatments. Provider requested initial trial of 12 chiropractic treatment. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. The MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.