

Case Number:	CM14-0132390		
Date Assigned:	09/19/2014	Date of Injury:	10/01/2009
Decision Date:	12/16/2014	UR Denial Date:	08/12/2014
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 Board Certified in Physical Medicine & Rehabilitation 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:

This is a 65-year-old male with a 10/1/09 date of injury. The most recent progress report provided for review is dated 9/26/13. The UR decision dated 8/12/14 refers to a 6/24/14 progress report. The patient complained of pain in the neck, mid back, low back, and left knee. He has not had any recent therapy. The frequent spine pain was rated 4/10 and radiated into the right upper extremity. The frequent cervical spine pain was rated at 4/10 and radiated into the right upper extremity. The frequent and unchanged lumbar spine and left knee pain were rated at 4/10. The pain was decreased by therapy and medications and worsened by changes in the weather, activities, and movement. Objective findings: slightly decreased cervical ranges of motion, tenderness in the trapezius and paraspinal muscles, slightly decreased lumbar ranges of motion with tenderness in the paraspinal musculature, slightly decreased left knee ranges of motion with tenderness over the medial and lateral joint lines. Treatment to date: medication management, activity modification, chiropractic treatment, physical therapy. A UR decision dated 8/12/14 denied the request for chiropractic treatment. Records indicate that the patient received authorization for 12 chiropractic treatments for the cervical and lumbar spine on 10/14/13. However, the submitted information does not document functional improvement with previous visits. Further, the current physical examination findings are not such that the patient would require additional therapy as the patient has normal strength and sensation in the cervical and lumbar spines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy two (2) times a week for six (6) weeks for the Lumbar and Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 298-299, 173, Chronic Pain Treatment Guidelines 9792.23.5 Low Back Complaints; 9792.24.2 Manual Therapy and Manipulation 9792.23.1 Neck and Upp. Decision based on Non-MTUS Citation Disability Guidelines (ODG), Low Back Chapter - Manipulation; Neck and Upper Back Chapter - Manipulation.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits is supported. In addition, elective/maintenance care is not medically necessary. However, in the present case, it is noted that the patient has received authorization for 12 chiropractic treatments for the cervical and lumbar spine on 10/14/13. An additional 12 sessions would exceed guideline recommendations. In addition, there is no documentation of functional improvement from the previous treatment. Furthermore, there is no documentation that this patient has been participating in an independent home exercise program. Therefore, the request for Chiropractic Therapy Two (2) Times a Week for Six(6) Weeks for the Lumbar and Cervical Spine are not medically necessary.