

Case Number:	CM14-0132730		
Date Assigned:	09/19/2014	Date of Injury:	10/31/1993
Decision Date:	12/02/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/19/2014

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, has a subspecialty in Acupuncture 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 70 year old female who reported neck pain from injury sustained on 10/31/93 after she slipped on a wet floor and fell forward against her nose and face. X-rays of the cervical spine revealed decreased disc spaces at C6-7. MRI of the cervical spine dated 03/27/12, revealed various levels of degenerative disc disease and mild to moderate foraminal stenosis at C6-7. Patient has been treated with medication, epidural injection and chiropractic. Per medical notes dated 12/17/12, patient complains of burning, aching neck pain with numbness, pins and needles. She also complains of periscapular region pain, mid back and low back pain with some radicular component into right arm. She also has some focal issues in the right knee. Currently pain is rated at 5/10. Per medical notes dated 03/10/14, provider recommends chiropractic at 1X/week to 2X/month as the patient's condition improves. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care include spinal extremity decompression 1x/wk, then 2x/mo QTY: 3.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation ACOEM Occupational Practice Guidelines, 2nd edition, pages 106, 11, and 115

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Per MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation Page 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 measureable gain 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- not medically necessary. Reoccurrences/ 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". Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested 1xweek then 2X/month chiropractic sessions for flare-up which was modified to 3 by the utilization reviewer. Per guidelines, "Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months". Patient has had extensive chiropractic treatment. Ongoing Chiropractic treatment at 2Xmonth is characteristic of maintenance care which is not supported by MTUS guidelines. Per review of evidence and guidelines, the request for 6 Chiropractic visits are not medically necessary.