

Case Number:	CM14-0151740		
Date Assigned:	10/14/2014	Date of Injury:	01/31/2013
Decision Date:	11/13/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/17/2014

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 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 60-year-old female who reported low back pain from injury sustained on 01/31/13 due to fall. X-rays of the lumbar spine revealed grade 1 retrolisthesis L2 on L3, L3 on L4, L4 on L5 stable on flexion and extension; vacuum phenomena at L2-3, L3-4 noted with extension, indicating annular tear at those levels. X-rays of bilateral knees are unremarkable. Patient is diagnosed with disc displacement without myelopathy lumbago, lumbar sprain/strain, inflammation and subluxation of the SI joint and radiculitis. X-rays of the cervical spine revealed mild degenerative joint disease at C5/6 with mild anterior spondylosis at anterior inferior margin of C6 vertebra and straightening of cervical lordosis. Per medical notes dated 02/18/14, patient complains of low back pain. Pain is rated at 5-7/10, especially in the morning. She experiences occasional sharp stabbing pain in her low back. She complains of left knee pain, she notices recurrent swelling, clicking and instability. Symptoms increase with standing for long period of time at work. Per utilization review patient has had chiropractic treatment. Provider requested additional 6 chiropractic treatments for lumbar spine. 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 6 visits lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines for manual therapy and manipulation, pages 58-59, chiropractic treatment is "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 gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities." For the low back, it is recommended as an option. For therapeutic care, guidelines recommend a trial of 6 visits over 2 weeks; with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. Elective/ maintenance care is not medically necessary. Before treating for reoccurrences/flare-ups, there is a need to reevaluate treatment success; if RTW (return to work) is achieved, then 1-2 visits every 4-6 months. Treatment parameters from state guidelines are as follows: (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 the 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 requires documented of objective improvement in function. Per utilization review, patient has had chiropractic treatment. The provider requested additional 6 chiropractic treatments for the lumbar spine. 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. Per guidelines, 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 review of evidence and guidelines, 6 chiropractic visits are not medically necessary.