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| Case Number: | CM14-0151743 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 12/10/2012 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 08/18/2014 |
| 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 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 patient is a 55 year old female who was injured on 12/10/2012. The mechanism of injury is unknown. Prior medication history included Biotin, magnesium-aluminum, and multivitamins. She has completed 18 sessions of therapy in the past. Progress report dated 07/09/2014 documented the patient to have complaints of low back pain and bilateral hip pain. She rated her pain level as 4-5/10. On exam, there is 2-4 tenderness of the bilateral lumbar paraspinal muscles on the right side and joint fixation of the lumbar spine at L5 and right sacroiliac joint. The patient is diagnosed with displacement of cervical intervertebral disc without myelopathy. She has been recommended for additional chiropractic care for the lumbar spine twice a week for 5 weeks as she reported benefit with this treatment plan in the past. Prior utilization review dated 08/18/2014 additional chiropractic care for the lumbar spine 2 times 5 is modified to certify 2 to 3 additional sessions of treatment as the patient has already completed 18 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic care for the lumbar spine 2 times 5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MANUAL THERAPY & MANIPULATION Page(s): 58-59. Decision based on Non-MTUS
Citation Official Disability Guidelines (ODG) Low back, Manipulation.

Decision rationale: Per The CA MTUS guidelines, Chiropractic care 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 objective measurable gains in functional improvement that facilitate the progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. 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 a 6-8 week. The records indicate this patient has already received 18 Chiropractic treatments. There was no documentation found within the patient's record of stating measurable improvement in this patient's functional capacity having occurred resulting from the previous 18 visits or any documentation outlining what benefits would be derived from future care. Additionally, there was no documentation as to this patient participating in an exercise program or having been transitioned into an HEP as would be required by the above guidelines. The request for 2x weeks for 5 weeks for additional Chiropractic treatment to the lumbar spine is not medically necessary.