

Case Number:	CM14-0156940		
Date Assigned:	09/29/2014	Date of Injury:	09/10/2008
Decision Date:	11/14/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/25/2014

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 and 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:

The underlying date of injury in this case is 09/10/2008. The date of the utilization review under appeal is 09/09/2014. On 08/06/2014, the patient was seen in chiropractic consultation due to low back pain. The patient was noted to have constant moderate-to-severe low back pain radiating to the left buttock and down the left posterior leg and thigh and wrapping around the left knee. The consulting chiropractor diagnosed the patient with chronic lumbar degenerative disc and joint disease and also an L4-L5 disc protrusion and L3 spondylosis. The treating chiropractor proposed a 6-treatment trial including ultrasound, electrical muscle stimulation, flexion and distraction, myofascial release, and spinal manipulation. On 08/18/2014, the primary treating physician follow-up note indicates that the patient attended 6 chiropractic visits and demonstrated significant improvement of decreased pain, increased motion, decreased spasm, and more functional activities at home. The request was made to extend chiropractic treatment by 6 more sessions. The initial physician review noted the patient previously received chiropractic and there was insufficient information to support chiropractic without further clarification of the functional benefit previously obtained.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic one time a week for six weeks, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300, Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on manual therapy and manipulation states that elective/maintenance care is not medically necessary; the guidelines do not clearly support an indication for chiropractic in a chronic setting more than 6 years after an injury. Additionally, these guidelines recommend an initial trial of 6 visits and then potentially up to 18 visits with evidence of objective functional improvement. Thus, for initial chiropractic treatment it is possible to approve up to 18 visits based on the guidelines. However, the medical records in this case, which is over 6 years old, are unclear in terms of the nature of any prior chiropractic treatments. Such understanding of past treatment and responses to treatment would be necessary in order to support an indication for medical necessity for chiropractic at this time. For these multiple reasons, the medical records and guidelines do not support this request. Therefore, this request is not medically necessary.