

Case Number:	CM14-0157762		
Date Assigned:	10/01/2014	Date of Injury:	08/28/2001
Decision Date:	12/18/2014	UR Denial Date:	09/10/2014
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 Family Medicine and is licensed to practice in New Jersey. 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 37 year old male who was injured on 8/28/2001 after falling off of a ladder and fracturing his elbows and hitting the back of his head. On 11/7/13 the injured worker complained of sharp, stiff, achy pain to the cervical, thoracic, lumbar, sacral and pelvic areas. He demonstrates a right lower extremity limp, headache (4/10) and awakens every two hours. His cervical range of motion is compromised and lumbar, sacral and pelvic areas are tender on palpation. These symptoms were consistent throughout the examinations on 1/23/14; 5/1/14; and 8/27/14. The diagnoses were left and right elbow fractures, cervical IVD syndrome, lumbar IVD- unspecified disc disorder of lumbar region, myofascial/ myalgia and myositis, unspecified and migraine. The bilateral elbow fractures were repaired prior to 2007. MRI dated 2/15/13 reveals annular bulging at C5-6 with no cord compression, disc extrusion, canal stenosis or foraminal narrowing. The injured worker was on pain medication, anti-seizure medication and medication for depression. On 12/23/2013 the injured worker had therapeutic injection of the right hip. Chiropractic manipulation and traction was requested on 5/1/14. The injured worker completed six visits of chiropractic treatment on 7/14/14. On 8/27/14, the worker was seen again by his chiropractor reporting back and neck pain as well as upper extremity pain. He reported that chiropractic care alleviated his cervical pain specifically, but this was not quantified, and there was no report of functional benefit. Another 4 sessions of chiropractor treatments and lumbar traction was then recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation, traction to the cervical and lumbar spine, QTY: 4 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. In the case of this worker, he was treated with cervical chiropractic treatments with some reported benefit after 6 sessions, however, there was no reported measurable functional benefits documented in the notes provided for review which might have helped justify continuation of chiropractic care. Without clear evidence for benefit, the chiropractic care (additional 4 sessions) will be considered not medically necessary. Also, the request was for lumbar traction. Traction has not been proved effective for lasting relief in treating low back pain, according to the available evidence, which is insufficient to support it, and according to the MTUS ACOEM Guidelines is not recommended. Therefore, the lumbar traction will also be considered medically unnecessary.