

Case Number:	CM14-0158966		
Date Assigned:	10/02/2014	Date of Injury:	10/07/1997
Decision Date:	10/30/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/29/2014

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 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:

According to the available medical records, this is a 71 year old male with chronic neck and low back pain, date of injury is 10/07/1997. Previous treatments include chiropractic and physiotherapy. Progress report dated 09/02/2014 by the treating doctor revealed the patient with moderate neck pain flare up that does not vary much, patient is treating with OTC anti-inflammatory, ice and cervical spine stretching and strengthening. Examination revealed decreased cervical ROM, positive right neutral compression, positive bilateral shoulder depression test, palpable bilateral trapezius and levator scapulae hypertonicity. Diagnoses include cervical sprain/strain, lumbar sprain/strain. Treatment plan include 2 treatments of chiropractic manipulations with electrical stimulation, inter-segmental traction, deep tissue massage and cervical strengthening exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two treatment of chiropractic sessions, including manipulation, traction, and myofascial release: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: Reviewed of the available medical records showed this claimant has been treated with chiropractic, traction, electrical muscle stim, massage and exercise with the same doctor since 10/10/1997. The claimant has completed 3 chiropractic visits from 06/23/2014 to 07/02/2014, 4 visits from 4/4/2014 to 4/25/2014. While there is no clear document of the recent flare up, the request for additional 2 visits in 09/02/2014 would exceeded the guideline recommendation for 1-2 visits every 4 to 6 months for flare up. ACOEM guideline, in addition, do not recommend traction. Therefore, the request for 2 chiropractic treatment that include manipulation, traction, massage is not medically necessary.