

Case Number:	CM14-0172741		
Date Assigned:	10/23/2014	Date of Injury:	07/27/2014
Decision Date:	12/02/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/20/2014

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 Chiropractic, has a subspecialty in 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 34 year old male who reported neck, shoulder, mid back and low back pain from injury sustained on 07/27/14 due to motor vehicle accident, wherein he was rear-ended. There diagnostic imaging reports. Patient is diagnosed with thoracic spine sprain/strain, lumbar sprain and shoulder strain. Patient has been treated with medication and chiropractic. Per medical notes dated 09/02/14, patient complains of low back pain, mid back and neck pain. Pain is constant and made worse by lying down and sitting. Pain is rated at 2-3/10. Per medical notes dated 10/07/14, patient complains of low back, mid back and right shoulder pain. Pain is described as dull aching which he considered mild. Pain is improved with chiropractic and pain is rated at 2/10. Patient has minimal functional deficit as he has returned to full duty. Provider requested additional 3x2 chiropractic sessions for lumbar spine. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled chiropractic intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy 3 x 2: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guideline, Manual Therapy and Manipulation, page 58-59 states it 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". 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 6-8 weeks. Elective / maintenance care is not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines: 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 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 should be documented with objective improvement in function". Patient has had prior chiropractic treatments. Per medical notes dated 10/07/14, patient complains of low back, mid back and right shoulder pain. Pain is described as dull aching which he considered mild. Pain is improved with chiropractic and pain is rated at 2/10. Patient has minimal functional deficit as he has returned to full duty. Provider requested additional 3x2 chiropractic sessions for lumbar spine. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled chiropractic intervention. Per review of evidence and guidelines, 3x2 Chiropractic visits are not medically necessary.