

Case Number:	CM14-0180316		
Date Assigned:	11/04/2014	Date of Injury:	08/19/2013
Decision Date:	12/12/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/30/2014

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 licensed 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 37 year old female who reported neck, shoulder, wrists and low back pain from injury sustained on 08/19/13. MRI of the lumbar spine revealed 3mm disc protrusion at L5-S1 with fissuring. Patient is diagnosed with cervical, lumbar, bilateral shoulder and bilateral wrist sprain/strain; bilateral elbow medial and lateral epicondylitis. Patient has been treated with medication, therapy and chiropractic. Per medical notes dated 09/29/14, patient complains of low back pain with no radiculopathy with Chiropractic treatment. Patient reports 60 percent improvement overall with therapy. She continues to note bilateral wrist pain with repetitive use while working. Examination revealed tenderness to palpation and decreased range of motion. Per medical notes dated 09/29/14, patient completed 8 chiropractic sessions for low back pain with documented objective functional improvement. Patient is no longer experiencing radicular symptomatology with chiropractic care and has returned to full duty work status. Per medical notes dated 10/29/14, patient reports no improvement with 2 chiropractic sessions. Provider requested additional 8 chiropractic sessions which were modified to 6 sessions by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy Additional Three Times a Week for Four Weeks (3x4) In Treatment of the Lumbar Spine Qty: 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Postsurgical Treatment Guidelines.

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 "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 measurable gain in functional improvement that facilitates 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 09/29/14, patient complains of low back pain with no radiculopathy with Chiropractic treatment. Patient reports 60 percent improvement overall with therapy. She continues to note bilateral wrist pain with repetitive use while working. Examination revealed tenderness to palpation and decreased range of motion. Per medical notes dated 09/29/14, patient completed 8 chiropractic sessions for low back pain with documented objective functional improvement. Patient is no longer experiencing radicular symptomatology with chiropractic care and has returned to full duty work status. Provider requested additional 8 chiropractic sessions which were modified to 6 sessions by the utilization reviewer. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 8 Chiropractic visits are not medically necessary.