

Case Number:	CM14-0186217		
Date Assigned:	11/14/2014	Date of Injury:	06/16/2010
Decision Date:	12/31/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/07/2014

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 and 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 41-year old male who reported neck and low back pain from injury sustained on 06/16/10 while doing a routine exercises when his back locked up and felt sudden trapezius, rhomboid and low back. Electrodiagnostic studies were unremarkable. MRI of the lumbar spine dated 12/17/12 revealed 6mm dorsoinferior 6mm synovial cyst. MRI of the cervical spine revealed straightening of normal lordosis and 1mm disc protrusion at C5-6. Patient is diagnosed with cervical/lumbar discopathy; thoracic discopathy; carpal tunnel syndrome; double crush syndrome; status post right shoulder surgery. Patient has been treated with shoulder surgery, medication, physical therapy and chiropractic. Per medical notes dated 09/15/14, patient complains of constant pain in the neck aggravated by repetitive motion of neck as well as pushing. Pain is characterized as sharp and radiates into upper extremity. Patient complains of constant low back pain this is rated at 8/10. Patient complains of frequent bilateral shoulder pain rated at 7/10. Patient's pain has unchanged. Provider requested additional 8 chiropractic treatments for neck and low back. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic Treatments for Cervical/Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Regional Neck Pain

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 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- 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; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 8 chiropractic sessions for lumbar spine and neck. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 8 Chiropractic visits are not medically necessary.