

Case Number:	CM14-0021850		
Date Assigned:	05/07/2014	Date of Injury:	08/17/2012
Decision Date:	12/22/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/21/2014

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 45 years old male who reported neck and low back pain from injury sustained on 08/17/12. Mechanism of injury has not been documented in the provided medical records. MRI of the lumbar spine revealed degenerative changes at L4-5 and L5-S1 with subtle spondylolisthesis and apparent mild neural foraminal narrowing. Patient is diagnosed with sciatica, cervical radiculitis and lumbago. Patient has been treated with medication, chiropractic and Acupuncture. Per medical notes dated 07/18/13, patient is undergoing chiropractic and acupuncture and the combination appears to be helping quite a bit. Per medical notes dated 10/17/13, patient has been undergoing chiropractic treatment which has been very helpful. The patient is noticing significant improvement and reduction of the pain by 75%. Examination revealed back tenderness and increased pain with extension, but not as intense and with a lot less guarding. Per medical notes dated 01/09/14, the patient's improved has plateau, but overall he is managing. He still has some back and neck pain with stiffness and weakness. Provider requested continuation of chiropractic treatment once every 2 weeks for 12 visits to keep the symptoms manageable.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT TO LUMBAR AND CERVICAL SPINE X12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic 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". The patient has had prior chiropractic treatments. Per medical notes dated 10/17/13, patient has been undergoing chiropractic treatment which has been very helpful; the patient is noticing significant improvement and reduction of the pain by 75%. Per medical notes dated 01/09/14, the patient's improvement appears to have plateau, but overall he is managing; "I would like to recommend continuation of chiropractic treatment every 2 weeks for 12 visits to keep the symptoms manageable". MTUS guidelines do not support maintenance care. Patient has completed 18 chiropractic visits and requested visits exceed the quantity supported by cited guidelines. 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 review of evidence and guidelines, 2X6 Chiropractic visits are not medically necessary.