

Case Number:	CM14-0022343		
Date Assigned:	02/26/2014	Date of Injury:	06/04/2004
Decision Date:	10/01/2014	UR Denial Date:	02/10/2014
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 Geriatrics and is licensed to practice in New York. 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 year old woman with a date of injury of 6/4/04. She was seen by her primary treating physician on 12/23/13 with complaints of 5/10 low back pain that radiates to her right lower extremity. Her physical exam showed lumbar range of motion - flexion 50/90, extension 15/30, left and right lateral flexion 15/30. She had 3+ tenderness and spasm noted on L3-S2, lumbar PVM, SI joints and quadratus lumborum. Kemps bilaterally caused pain and her neurologic testing was within normal limits. Her diagnoses were lumbosacral sprain/strain, nonallopathic lesion lumbar and lumbar disc herniation with degenerative disc. She had prior 12 sessions of chiropractic therapy approved in 11/13 as well as physical therapy approved in 9/13. Brief notes from the chiropractic sessions are included which indicate both improving and increase in pain. At issue in this review are multiple requests - spinal manipulation, myofascial release, electrical stimulation, infrared, muscle testing manual and outcome assessment. These all appear to have been part of her chiropractic sessions in 12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINAL MANIPULATION 2X4 QTY:8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58-59.

Decision rationale: Chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Maximum duration is said to be 8 weeks and care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In this injured worker, chiropractic care including spinal manipulation has already been provided but there is no documentation as to the efficacy of the treatment. Some of the notes indicate she had increased pain and some indicate she is improving. The records do not indicate that she is not able to return to productive activities or that she is participating in an ongoing exercise program to which the chiropractic care would be an adjunct. The records do not support the medical necessity of additional spinal manipulation.

MYOFASCIAL RELEASE QTY:8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58-59.

Decision rationale: Chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Maximum duration is said to be 8 weeks and care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In this injured worker, chiropractic care including myofascial release has already been provided but there is no documentation as to the efficacy of the treatment. Some of the notes indicate she had increased pain and some indicate she is improving. The records do not indicate that she is not able to return to productive activities or that she is participating in an ongoing exercise program to which the chiropractic care would be an adjunct. The records do not support the medical necessity of additional myofascial release.

ELECTRICAL MUSCLE STIMULATION QTY:8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, page(s) 113-117 and 9792.20 - 9792.26 pages 58-59 Page(s): 113-117 AND 58-5.

Decision rationale: Chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Maximum duration is said to be 8 weeks and care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In this injured worker, chiropractic care including electrical muscle stimulation has already been provided but there is no documentation as to the efficacy of the treatment. Some of the notes indicate she had increased pain and some indicate she is improving. The records do not indicate that she is not able to return to productive activities or that she is participating in an ongoing exercise program to which the chiropractic care would be an adjunct. The records do not support the medical necessity of additional electrical muscle stimulation.

INFRARED QTY8: 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), Low Back - Lumbar & Thoracic, Infrared therapy (IR)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58-59.

Decision rationale: Chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Maximum duration is said to be 8 weeks and care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In this injured worker, chiropractic care including infrared therapy has already been provided but there is no documentation as to the efficacy of the treatment. Some of the notes indicate she had increased pain and some indicate she is improving. The records do not indicate that she is not able to return to productive activities or that she is participating in an ongoing exercise program to which the chiropractic care would be an adjunct. The records do not support the medical necessity of an additional infrared therapy.

MUSCLE TESTING MANUAL (SEPARATE PROCEDURE)WITH REPORT. TOTAL EVALUATION OF BODY EXCLUDING HANDS QTY: 8.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, AMA Guidelines to the Evaluation of Permanent Impairment, 5th edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58-59.

Decision rationale: Chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Maximum duration is said to be 8 weeks and care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In this injured worker, chiropractic care including manual muscle testing has already been provided but there is no documentation as to the efficacy of the treatment. Some of the notes indicate she had increased pain and some indicate she is improving. The records do not indicate that she is not able to return to productive activities or that she is participating in an ongoing exercise program to which the chiropractic care would be an adjunct. The records do not support the medical necessity of MUSCLE TESTING MANUAL (SEPARATE PROCEDURE) WITH REPORT. TOTAL EVALUATION OF BODY EXCLUDING HANDS QTY 8.

OUTCOME ASSESSMENT QTY:8.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, AMA Guidelines to the Evaluation of Permanent Impairment, 5th edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58-59.

Decision rationale: Chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Maximum duration is said to be 8 weeks and care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In this injured worker, chiropractic care has already been provided but there is no documentation as to the efficacy of the treatment. Some of the notes indicate she had increased pain and some indicate she is improving. The records do not indicate that she is not able to return to productive activities or that she is participating in an ongoing exercise program to which the chiropractic care would be an adjunct. The records do not support the medical necessity of outcome assessment which is a non-specific and vague measure.

RANGE OF MOTION MEASUREMENTS AND REPORT(SEPERATE PROCEDURE) EACH EXTREMITY(EXCLUDING HANDS) OR EACH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, AMA Guidelines to the Evaluation of Permanent Impairment, 5th edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58-59.

Decision rationale: Chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Maximum duration is said to be 8 weeks and care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In this injured worker, chiropractic care including range of motion measurements has already been provided but there is no documentation as to the efficacy of the treatment. Some of the notes indicate she had increased pain and some indicate she is improving. The records do not indicate that she is not able to return to productive activities or that she is participating in an ongoing exercise program to which the chiropractic care would be an adjunct. The records do not support the medical necessity of additional range of motion measurements.