

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0025771 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 08/04/1983 |
| Decision Date: | 10/30/2014 | UR Denial Date: | 01/23/2014 |
| Priority: | Standard | Application Received: | 02/26/2014 |

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is an 88-year-old with a reported date of injury of 08/14/1983. The patient has the diagnoses of cervical spondylosis and lumbosacral spondylosis. Per the most recent progress notes provided for review by the primary treating physician dated 01/15/2014, the patient had complaints of neck and upper back pain improved by chiropractic care. The physical exam noted decreased thoracic and cervical spine range of motion with moderate spasms of the paraspinal muscles. The treatment plan recommendations included 12 sessions of spinal manipulation and physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Manipulation Therapy Three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

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

Decision rationale: The California chronic pain medical guidelines section on manual manipulation states: 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 objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. 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. Recurrences/flare-ups - Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines. Time to produce effect: 4 to 6 treatments. Manual manipulation is recommended form of treatment for chronic pain. However, after a trial of therapy, objective functional improvement needs to be documented for continuation. In this case, the documentation fails to show objective functional improvement. In addition, there is no indication on how many sessions the patient had already received. For these reasons criteria set forth for manual manipulation per the California MTUS have not been met. Therefore, the request is not medically necessary.