

Case Number:	CM14-0027172		
Date Assigned:	06/20/2014	Date of Injury:	08/23/2010
Decision Date:	12/03/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 63 year old male who reported neck and low back pain from injury sustained on 08/23/10. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with post-traumatic cervical/lumbar musculo-ligamentous sprain/strain with myofascitis; cervical and lumbar radiculopathy; cervical and lumbar muscle spasm; cervical and lumbar discopathy. Patient has been treated with medication, chiropractic and physical therapy. Patient has had prior chiropractic treatments. Per medical notes dated 01/30/14, patient states he is able to sit longer in a fixed position (30minutes versus (vs.) 10 minutes prior to treatment) as far as his neck is concerned; patient is able to sit, stand and walk for longer (up to 1 hour vs. 20 minutes prior to treatment). Provider requested additional 6 chiropractic sessions for neck pain. Patient has been improving as far as his activities of daily living and symptoms are concerned. Per medical notes dated 04/15/14, patient complains of chronic pain in his cervical and lumbar spine. Examination revealed spasms and tenderness observed in the paravertebral muscles of the cervical and lumbar spine with decreased range of motion on flexion and extension. Provider requested 6 chiropractic visits. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has 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:

Chiropractic 1 time per week times 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines- online version, Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back (Acute and Chronic), Manipulation

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 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- 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 01/30/14, patient states he is able to sit longer in a fixed position (30minutes vs. 10 minutes prior to treatment) as far as his neck is concerned; patient is able to sit, stand and walk for longer (up to 1 hour vs. 20 minutes prior to treatment). Provider requested additional 6 chiropractic sessions for neck pain. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved significant objective functional improvement to warrant additional treatment. Per review of evidence and guidelines, 6 Chiropractic visits are medically necessary.