

Case Number:	CM14-0030493		
Date Assigned:	06/20/2014	Date of Injury:	02/05/1997
Decision Date:	07/22/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/11/2014

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 a Licensed Chiropractor 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 patient is a 66 year old male with several reported dates of injury: 1.02/02/1997 2.02/16/2000 3.12/10/2001 4.08/19/2002 5.02/25/2003 6. New date of injury for cumulative trauma 11/08/2011 The mechanism of injury is unknown. Prior treatment history has included epidural steroid injections, facet blocks prescription medications and a total trainer pilates bed for home use. Progress note dated 01/14/2014 documents the patient with complaints of low back pain with mild radiation to the right lower extremity. He rates the severity of the back pain as 6/10 on the pain scale. Objective findings included a normal gait with no assistive devices used. There is tenderness over the paraspinous muscles of the lumbar region bilaterally. Muscle spasm is also positive bilaterally. Sciatic nerve compression test is positive bilaterally. Range of motion of the lumbar spine was decreased. Straight leg raise test was positive bilaterally. Waddell signs are negative. Motor examination testing was -5/5. DTRs (Deep tendon reflexes) were 2+ bilaterally. Treatment plan included an additional 12 visits of chiropractic therapy to the lumbar spine at a rate of 2 x week for 6 weeks. This was based on the patient benefiting from chiropractic therapy in the past. It is noted that the patient does continue to work. Utilization report dated 02/20/2014 denied the additional chiropractic treatment as the records suggest that the patient has been on maintenance long term chiropractic care which is not supported by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic visits 2 times a week for 6 weeks to the lumbar spine: Upheld

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

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

Decision rationale: This patient has had multiple dates of injuries with the first being 02/02/1997 and the most recent being 02/25/2003. Review of this patient's treatment records reveal this patient has been treated /utilizing Chiropractic care (unspecified number of visits) over an extended period of years, reflecting this patient has been on maintenance long-term chiropractic care which is not supported by the CA MTUS guidelines. Per The CA MTUS guidelines, Chiropractic care is 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 the 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 a 6-8 week. Elective/maintenance care- Not medically necessary. Recurrence/flare-ups- Need to re-evaluate treatment success, if RTW (Return to Work) achieved then 1-2 visits every 4-6 months. Furthermore, there is no documentation within the records as to why this patient has not been transitioned to an HEP (Home Exercise Program) as recommended by the guidelines. Decision for additional Chiropractic care 2x week for 6 weeks to the lumbar spine, per the CA MTUS guidelines is not medically necessary.