

Case Number:	CM14-0030797		
Date Assigned:	06/20/2014	Date of Injury:	04/15/2005
Decision Date:	07/22/2014	UR Denial Date:	02/18/2014
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 63 year old male who was injured on 04/15/2005. The mechanism of injury is unknown. Prior treatment history has included 6 sessions of chiropractic treatments which he has gained improvement. Progress report dated 12/19/2013 indicates the patient complained of low back stiffness with sharp pains at times with walking as his back will grab. Progress report dated 01/30/2014 indicates the patient has mild lower thoracic and lumbar back muscle spasms with 70% flexion, extension, and lateral bending of thoracic and lumbar spine. Muscle strength is intact. He has full range of motion of his shoulders. Diagnoses are abdominal wall strain and lumbar sprain. The treatment and plan included chiropractic treatments twice a week for 3 weeks and he will begin a home exercise program after that. Prior utilization review dated 02/19/2014 states the request for chiropractic sessions # 2 for lumbar spine 2x 3 qty: 6 is not certified as the objective findings remain unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Sessions # 2 for lumbar spine twice a week for three weeks: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines would recommend the following: "Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." Treatment parameters from state guidelines "A. Time to produce effect 4 to 6 treatments" "B. Frequency: 1 to 2 times per week 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 week 8, patients should be reevaluated. "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 these cases, treatment may be continued at 1 The MTUS Chronic Pain Medical Treatment Guidelines would recommend the following: "Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." Treatment parameters from state guidelines "A. Time to produce effect 4 to 6 treatments" "B. Frequency: 1 to 2 times per week 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 week 8, patients should be reevaluated. "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 these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered 'maximum' may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function." As reported on 3/7/2014 by [REDACTED]. "Patient states that the back is finally starting to feel better. He states with the 6 chiropractic treatment, [REDACTED] was much more aggressive in his manipulation and he feels much better. He would like to try more chiropractic treatments because it is really helping." However, the medical report dated 4/24/2014, [REDACTED] reports "He states he never had more chiropractic treatments with [REDACTED] and decided that they were not helping anyway." Based on the medical records provided for review it is unclear if the prior completed sessions of chiropractic treatment were beneficial or not. The MTUS guidelines only recommend further chiropractic treatment if the patient has objective functional improvement and must be documented. Therefore, the request for chiropractic sessions # 2 for the lumbar spine twice a week for three weeks is not medically necessary and appropriate.