

Case Number:	CM14-0032682		
Date Assigned:	06/20/2014	Date of Injury:	06/16/2013
Decision Date:	07/18/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/14/2014

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, has a subspecialty in Pediatric Chiropractic 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 60 year old male with an original date of injury of 6/16/13. The mechanism of injury occurred when the patient slipped and fell while holding a 20-25 pound container. X-Rays on 6/20/13 reported hypertrophic spurring of the lumbar vertebral bodies, some scoliosis and hypertrophic changes in the facet joints. An MRI on 8/5/13 showed mild straightening of the lumbar lordosis and mild disc desiccation. There was recent EMG evidence of radiculopathy. The injured worker was authorized for a 4 visit trial of chiropractic care on 9/23/13. There were increases in ranges of motion and activities of daily living with this initial trial. The patient was actually treated 34 times with Chiropractic care. There was a QME (Qualified Medical Examination) on 12/12/13, which recommended additional Chiropractic care. There is an indication that the patient continued seeking Chiropractic as needed following this, without a specific treatment plan. The treatment notes indicate that this additional Chiropractic care was palliative for a few days, with the symptoms returning. The patient has pain and weakness in the low back, which is made worse by prolonged standing and repetitive bending. The patient has difficulty sleeping due to back and neck pain. There is no documentation indicating there has been any objective, functional improvement in the patient's condition. The injured worker has been evaluated by an orthopedic surgeon, who found him to be a surgical candidate. The disputed issue is a request for retrospective 22 chiropractic treatments for the back, 7/24/13 through 2/5/14. An earlier Medical Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twenty two (22) Chiropractic visits for lumbar spine (DOS 7/24/13-2/5/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATIONS Page(s): 58-59.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state on pages 58-60 the following regarding manual therapy and manipulation: "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 re-evaluate treatment success, if RTW (Return to Work) achieved then 1-2 visits every 4-6 months." In all recognized guidelines, chiropractic manipulation should be initiated on a trial basis, and with documentation of functional benefit there can be continuation. There is no documentation of objective, functional improvement in the patient's condition. Therefore, the request for twenty two (22) chiropractic visits for lumbar spine (DOS 7/24/13-2/5/14) is not medically necessary and appropriate.