

Case Number:	CM14-0033760		
Date Assigned:	06/30/2014	Date of Injury:	03/17/2010
Decision Date:	08/05/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/18/2014

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 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 45-year-old male, born on 08/30/1968. He was injured on 03/17/2010, but no records of the biomechanics of injury were reported. The patient was determined permanent and stationary 10/30/2012 and has received a self-reported estimated 70 chiropractic treatment sessions over a 3-year period. The 6 chiropractic PR-2 reports provided for this review were completed in difficult to decipher handwritten script. The chiropractor's PR-2 of 07/22/2013 reports the patient continued with lumbar and neck pain, without record of objective findings noted. Diagnoses on 07/22/2013 are cervical spondylosis without myelopathy (721.0), unspecified myalgia and myositis (729.1), and displacement of thoracic disc without myelopathy (722.11). The treatment plan recommended adjustment without frequency or duration of care noted. The work status is not reported. The chiropractor's PR-2 of 09/04/2013 reports upper and low back pain, with limited thoracic and lumbar motion, and a recommendation to include chiropractic adjustment, massage, ADLs, and home exercises, 1 visit and reevaluate in 1 one month. The chiropractor's PR-2 of 10/07/2013 reports neck, mid, and low back pain, without measured objective factors reported and a recommendation to include chiropractic adjustment, myofascial release, home exercises, and ADLs, 1 visit and reevaluate in 1 month. During medical evaluation on 11/01/2013, the patient reported complaints of mild neck and thoracolumbar pain and informed the provider he had received approximately 70 chiropractic treatment sessions over the prior three years and was treating monthly. The chiropractor's PR-2 of 11/18/2013 reports upper mid back and low back pain with no measured objective factors noted, and a treatment plan of chiropractic adjustment, myofascial release, home exercises, and ADLs as needed for pain control with reevaluation in 1 month. The chiropractor's PR-2 of 12/09/2013 reports continued low back pain and limited lumbar ROM and a treatment plan of 1 visit of chiropractic adjustment, myofascial release, home exercise, and ADLs, and reevaluate in

1 month. The chiropractor's PR-2 of 01/06/2014 reports low back pain, no measured objective factors, and a treatment plan of chiropractic adjustment, myofascial release, home exercises, and ADLs at a frequency of 2 visits per month for 3 months with reevaluation in 30 days. The patient was diagnosed with unspecified back sprain/strain (847.9), cervicalgia (723.1), and lumbago, lower back pain (724.2).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits 2 visits/month x 3 months: 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): 58-60.

Decision rationale: The request for chiropractic treatment at a frequency of 2 visits per month for 3 months is not supported to be medically necessary. The California MTUS (Medical Treatment Utilization Guidelines) supports up to 6 visits of manual therapy and manipulation in the treatment of some chronic pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. In this case, the patient has treated with extensive chiropractic care (self-reporting on 11/01/2013 approximately 70 visits during the prior 3 years), and there is no evidence of measured objective functional improvement with chiropractic care rendered, there is no evidence of an acute flare-up or new condition, and elective/maintenance care is not supported; therefore, the request for chiropractic treatment at a frequency of 2 visits per month for 3 months is not supported to be medically necessary. Therefore, the request is not medically necessary.

Chiropractic one visit and re evaluation in one month RFA: 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): 58-60.

Decision rationale: The request for one chiropractic visit and re-evaluation in 1 month is not supported to be medically necessary. The California MTUS (Medical Treatment Utilization Guidelines) supports up to 6 visits of manual therapy and manipulation in the treatment of some chronic pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to

recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every four-6 months. In this case, the patient has treated with extensive chiropractic care (self-reporting on 11/01/2013 approximately 70 visits during the prior 3 years), and there is no evidence of measured objective functional improvement with chiropractic care rendered, there is no evidence of an acute flare-up or new condition, and elective/maintenance care is not supported; therefore, the request for chiropractic treatment at a frequency of 2 visits per month for 3 months is not supported to be medically necessary.