

Case Number:	CM14-0050642		
Date Assigned:	07/07/2014	Date of Injury:	05/24/2011
Decision Date:	10/07/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/18/2014

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 a licensed Doctor of Chiropractic, has a subspecialty in 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 53 year old male who reported neck and low back pain from injury sustained on 05/24/11 due to cumulative trauma of working for Sherriff's department. X-rays of the cervical spine revealed spondylosis at C5-C7. X-rays of the lumbar spine revealed some disc height collapse in distal lumbar with some spondylosis. Radiographs of bilateral hips revealed total hip replacement. MRI of the cervical spine revealed significant spondylosis and pathology at C5-7 and to a lesser extent at C3-4 and C4-5. MRI of the lumbar spine revealed disc pathology at L4-5 and L3-4 and to a lesser extent at L5-S1. Patient is diagnosed with cervical/ lumbar discopathy; carpal tunnel syndrome/ double crush syndrome and status post bilateral total hip replacement. Patient has been treated with medication, physical therapy, surgery and epidural block. Per medical notes dated 02/06/14, patient complains of persistent neck pain aggravated by repetitive motions of neck/ prolonged positioning of the neck, pushing, pulling, lifting and forward reaching. Pain radiates to the left greater than the right. He has low back pain that radiates to the right lower extremity with numbness and tingling. Examination revealed tenderness to palpation over the lumbar and cervical paravertebral muscles with restricted range of motion. Provider is requesting Chiropractic 1X6 which is within guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic with traction 1x6 to the low back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 measurable gain in functional improvement that facilitate 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". Per review of evidence, there is no documentation of prior Chiropractic care. Patient has had medication, physical therapy and epidural injection. Per medical notes dated 02/06/14, provider is requesting 1x6 Chiropractic visits which is within guidelines. According to MTUS guidelines a trial of 6 chiropractic visits are supported. Per evidence and guidelines, 6 Chiropractic visits with traction are medically necessary.