

Case Number:	CM14-0055560		
Date Assigned:	07/09/2014	Date of Injury:	01/03/2013
Decision Date:	08/11/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/24/2014

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:

According to the available medical records, this is a 33 year old male patient with chronic neck and back pain, date of injury 01/31/2013. Previous treatments include chiropractic, medications, physical therapy. Progress report dated 02/05/2014 by the treating doctor revealed persisting low back, mid back and neck pain. There is no exam notes except for MRI findings: multi-level lumbar disc disease worse at L5-S1 level with desiccation, 3mm irregular broad based left paracentral and foraminal disc protrusion with associated endplate spurring from L5, irregular broad based left paracentral protrusion at L5-S1 with associated partial left lateral recess impingement of the descending left S1 nerve root; multilevel disc disease and facet joint hypertrophy at C4-5 and C5-6 level, disc bulging at C3-4 posteriorly, bulging at C4-5 and C5-6 with diffuse spurring. Diagnoses include cervical disc disease, thoracic pain, lumbar disc disease and possible right inguinal hernia. The patient continued with modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Chiropractic Therapy visits, for Cervical, Thoracic and Lumbar spine: 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: Base on the MTUS Chronic Pain Medical Treatment guidelines; "recommended manipulation 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 progression in the patient's therapeutic exercise program and return to productive activities. 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 continue at 1 treatment every other week until the patient had reach 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. Treatment beyond 4 to 6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and document at each treatment session. (Colorado, 2006) Injured workers with complicating factors may need more treatment, if documented by the treating physician." Reviewed available medical records show this patient has had at least 8 chiropractic visits starting 11/15/2013 with no evidence of functional improvement. Therefore, the request for additional 12 chiropractic visits for the cervical, thoracic and lumbar spine is not medically necessary.