

Case Number:	CM14-0058919		
Date Assigned:	07/09/2014	Date of Injury:	04/29/1993
Decision Date:	08/08/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/29/2014

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 Board Certified in Chiropractics, has a subspecialty in Pediatric Chiropractics 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 64 year old female with an original date of injury of 4/29/93. The injured worker has undergone approved chiropractic treatments, 12 treatments in 2012, 31 treatments in 2013 and 7 treatments in 2014. However results of these treatments have not been included in the records I have received. There is no indication of objective, functional improvement from the previous treatment. The disputed issue is a request for 8 Chiropractic manipulation treatments with manual therapy, myofascial release, SMT (spinal manipulative therapy), EMS (electrical muscle stimulation), diathermy, exam, and ultrasound. 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 California MTUS and ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic manipulation treatments with manual therapy, myofascial release, SMT (spinal manipulative therapy), EMS (electrical muscle stimulation), diathermy, exam, and ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12, Low Back Complaints (2007), pg 146.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines . Manual Therapy and Manipulations Page(s): 58-60.

Decision rationale: The California MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. The treating physician noted a recent flare-up of the patient's condition and accurately quoted the MTUS as recommending 1-2 visits every 4-6 weeks for such flare-ups. The treating physician also noted the patient has a number of complicating factors that may require extended durations of care. With 50 total chiropractic visits, care has been extended significantly. The request for 8 Chiropractic manipulation treatments with manual therapy, myofascial release, SMT (spinal manipulative therapy), EMS (electrical muscle stimulation), diathermy, exam, and ultrasound is not medically necessary.