

Case Number:	CM14-0071230		
Date Assigned:	07/16/2014	Date of Injury:	07/15/1992
Decision Date:	08/14/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/16/2014

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 Dentistry 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 74-year-old male, born on [REDACTED]. The date of injury is noted as 07/15/1992, but no historical data was provided for this review. The 05/01/2014 RFA notes diagnoses as E884 (fall from one level to another), 724.80 (other symptoms referable to back - facet syndrome), 722.11 (displacement of thoracic intervertebral disc without myelopathy), and 723.3 (diffuse cervicobrachial syndrome). The submitted chiropractic clinical documentation indicates the patient treated with chiropractic care on 23 occasions from 11/08/2013 through 04/25/2014. The patient treated on the following dates: 11/08/2013, 11/15/2013, 11/22/2013, 12/02/2013, 12/09/2013, 12/18/2013, 12/27/2013, 01/03/2014, 01/10/2014, 01/17/2014, 01/24/2014, 02/07/2014, 02/14/2014, 02/21/2014, 02/28/2014, 03/07/2014, 03/12/2014, 03/21/2014, 03/28/2014, 04/04/2014, 04/11/2014, 04/18/2014, and 04/25/2014. On each encounter date the patient reported neck, upper back, and low back pain rated 5-8/10 depending on day and activity. On each date of service the objectives remained essentially unchanged and reported as decreased active motion in flexion and extension noted by a down pointing arrow; palpable tenderness with myo hypertonicity and edema C5-C7, T4-T6, L4-L5, and SI; short right leg, subluxations at C5, T4, L4, and L5; muscular involvement of the erector spini, quadratus lumborum, iliocostalis, and right piriformis; and decreased right fluid motion on SI joint. Each note indicates treatment is self-procured by the patient to avoid severe exacerbations. The notes report the patient generally treated at a frequency of 1 time per week, and he had previously treated at a frequency of 3 times per week. There is a request for 4 additional chiropractic visits for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 additional chiropractic visits for the 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, pages 58-60 Page(s): 58-60.

Decision rationale: The request for 4 additional chiropractic treatment sessions for the lumbar spine is not supported to be medically necessary. The patient treated with chiropractic care on 23 occasions from 11/08/2013 through 04/25/2014, typically treating on a weekly basis. Throughout this reported course of care the subjectives and objectives remained essentially unchanged. MTUS (Chronic Pain Medical Treatment Guidelines), pages 58-60, supports a 6-visit trial of manual therapy and manipulation over 2 weeks 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, a total of 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. The submitted documentation does not provide evidence of objective functional improvement with chiropractic care rendered or evidence of a recurrence/flare-up, and elective/maintenance care is not supported to be medically necessary; therefore, the request for additional chiropractic sessions is not supported be medically necessary. Additionally, this patient had treated on at least 23 chiropractic treatment sessions, exceeding treatment guidelines recommendations without explanation. The request for additional/continued chiropractic treatment sessions is not supported to be medically necessary.