

Case Number:	CM14-0074236		
Date Assigned:	07/16/2014	Date of Injury:	09/26/2002
Decision Date:	08/14/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/21/2014

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 Physical Medicine and Rehabilitation 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 43 year-old patient who sustained an injury on 9/26/2002 from lifting heavy objectis while employed by [REDACTED]. Requests under consideration include chiropractic, physical therapy and acupuncture two to three times a week for four to six weeks for the cervical and lumbar spine. The patient is status post 5 cervical spine surgeries (ACDF x 3, PCDF x 2 from 2003-2011). Conservative treatment has included medications, diagnostics (CT/MRI/EMG-NCV), Trigger point injections, therapy, TENS unit, modified activities/rest, and completion of Functional Restoration Program. Report of 3/24/14 from the provider noted the patient with ongoing chronic mid and lower back pain rated at 8/10; dull neck pain radiating into the upper extremities rated at 8/10. Exam showed cervical spine with decreased range of motion in all planes; positive Spurling's and distraction tests bilaterally. Treatment included continued medications and multiple therapy modalities above. The request for chiropractic theray two to three times a week for four to six weeks for the cervical and lumbar spine was modified to 6 sessions and the physical therapy and acupuncture two to three times a week for four to six weeks for the cervical and lumbar spine were non-certified on 4/24/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, physical therapy and acupuncture two to three times a week for four to six weeks for the cervical lumbar spine:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Pages 58-60 Page(s): 58-60.

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, it is unclear how many sessions have been completed. Medical records indicate that the patient has received a significant quantity of chiropractic manipulation sessions for the chronic symptom complaints without demonstrated functional improvement from treatment already rendered. There is no report of acute flare-ups, red-flag conditions or new clinical findings to support continued treatment consistent with guidelines criteria. Therefore, the request for chiropractic, physical therapy and acupuncture two to three times a week for four to six weeks for the cervical lumbar spine is not medically necessary and appropriate.