

Case Number:	CM14-0077065		
Date Assigned:	07/18/2014	Date of Injury:	12/26/2002
Decision Date:	08/15/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/27/2014

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 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:

The patient is a 40-year-old male born on 12/16/1973. While employed as a mattress salesman, on 12/26/2002, the patient was lifting a mattress and felt a shifting sensation and instant pain and muscle spasm in his lumbar spine and left greater than right buttocks and hamstrings. Approximately 1 week after the accident the patient began chiropractic treatment and treated for approximately 2 months with no benefit. On 12/29/2003, the patient began treating with a different chiropractor and found manipulation was helpful temporarily for approximately 2 days. In Qualified Medical Examination on 01/25/2007, the patient reported he continued under chiropractic care, treating about 1 time per week. The chiropractor's PR-2 of 02/01/2007 reports the patient treated on an as (PRN) needed basis. In a Qualified Medical Examination on 11/17/2011, the patient remained with lower back pain into the right buttock and hip, constant 5/10, and he was determined to have achieved Maximal Medical Improvement. In an Agreed Medical Evaluation, report dated 06/25/2012, the patient reported an extensive history of chiropractic care, with over 100 chiropractic visits according to the patient. The medical examiner determined the patient permanent and stationary 06/01/2012. The patient was seen in medical evaluation on 01/02/2014. By examination the neck was reported supple, upper extremities normal contour and musculature, upper extremity strength 5/5, palpable areas of tenderness/tightness over the parathoracics and paralumbars, lower extremity strength 5/5, and gait stable. Spinal diagnoses were noted as chronic low back pain, L4-5 disc arthroplasty and L5-S1 anterior interbody fusion 11/2010, and intermittent right lower extremity pain. In medical follow-up on 04/02/2014, there was a recommendation for 8 visits of chiropractic for back pain. In Qualified Medical Evaluation on 04/16/2014, the patient reported symptoms improved with chiropractic care for a few hours. The progress report of 07/02/2014, notes functional activities unchanged. To date, treatments have included surgery, physical and psychological assessments,

pharmacologic aids, physical therapy, acupuncture, chiropractic, bracing and walking aids. There is a current request for 8 chiropractic manipulation visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 8 Chiropractic Manipulation Treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits of manual therapy and manipulation in the treatment of 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. This patient has treated with chiropractic care since approximately 1 week after the injury on 12/26/2002. The chiropractor's PR-2 of 02/01/2007 reports the patient treated on a PRN basis. The Agreed Medical Evaluation report of 06/25/2012 indicates the patient reported an extensive history of chiropractic care, with over 100 chiropractic visits according to the patient. In Qualified Medical Evaluation on 04/16/2014, the patient reported symptoms improved with chiropractic care for a few hours. There was no documentation of measured objective functional improvement with chiropractic care rendered, no evidence of an acute flare-up, and elective/maintenance care is not supported; therefore, the request for 8 chiropractic treatment visits exceeds the guideline recommendations. Such as, eight (8) Chiropractic Manipulation Treatments is not medically necessary.