

Case Number:	CM14-0079102		
Date Assigned:	07/18/2014	Date of Injury:	05/01/1989
Decision Date:	08/18/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/29/2014

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 licensed in Chiropractic Care 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 75-year-old male with a date of injury noted as 05/01/1989, but no historical information of the industrial injury was reported. On 10/17/2011, the patient was seen in follow-up for chronic neck and back injury from work in 1989. He reported benefit with chiropractic care. Diagnoses of cervical strain, cervicgia, lumbar disc degeneration, and herniated disc were reported. On 10/17/2011, the patient was referred for chiropractic care at a frequency of 2 visits a month for 3 months. The primary treating physician's progress report of 04/17/2014 notes the male patient with a chronic history of neck and low back pain presented for follow-up care secondary to an injury on 05/01/1989. The patient had recently completed 24 chiropractic visits over the last 6 months for neck and low back pain. The patient reported pattern of symptoms essentially unchanged, but did receive short-term relief following each chiropractic visit. The pain intensity was rated 6-9/10. Pain improved with rest and medication and worsened with overuse. Physical therapy has been completed and the patient occasionally performed home PT exercises as well as occasionally using ice and heat. The patient was currently on modified activity at work. Cervical spine examination revealed slight tenderness and spasm of the cervical paraspinal musculature, slightly decreased range of motion, no deformity, no ecchymosis, and no erythema. Lumbar examination revealed moderate-severe tenderness and spasm of the lumbar paraspinal musculature, lumbar flexion 75 degrees, lumbar extension 15degrees, lumbar rotation and lateral bending decreased, straight leg raising positive at 45 degrees on the left, no ecchymosis, no deformity, and no erythema. There were no focal neurologic findings. Diagnoses were reported as cervicgia, cervical strain, lumbar disc degenerative disease, herniated disc, and low back pain. The patient was encouraged to use ice on the affected area to improve pain and swelling and add moist heat in the morning and evening to improve stiffness. Chiropractic therapy was ordered twice a month for six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, two (2) times per month for six (6) months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: MTUS Guidelines support 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 return to work, then 1-2 visits every 4-6 months. There was no documentation of measured objective functional improvement with the chiropractic care already rendered exceeding guidelines recommendations, no evidence of an acute flare-up, and elective/maintenance care is not supported; therefore, the request is not medically necessary.