

Case Number:	CM14-0079393		
Date Assigned:	07/18/2014	Date of Injury:	01/20/2009
Decision Date:	08/29/2014	UR Denial Date:	05/13/2014
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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 67-year-old male who reported an injury on 01/20/2009 due to loading a truck and putting boxes on a cart. He started to pull the cart with the boxes, and tripped; then the boxes fell on top of him. Diagnosis was lumbar disc herniation with myelopathy. Past treatments have been for chiropractic care. Diagnostic studies were not submitted. Surgical history revealed cardiac stents. The injured worker had a physical exam 12/04/2013 with complaints of low back pain. The pain was rated an 8/10. Examination of the lumbar spine revealed decrease in the range of motion on flexion and extension. Treatment plan was for chiropractic 3 times a week times 4 weeks, cervical/thoracic/lumbar spine. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3xWK X 4 WKS Cervical/thoracic/Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

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

Decision rationale: The request for chiropractic 3 times a week x 4 weeks, cervical/thoracic/lumbar spine is non-certified. Some of the notes submitted for review were illegible, handwritten, and missing dates of service. The California Medical Treatment Utilization Schedule states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitates progression in the patient's therapeutic exercise program and return to productive activities. For low back manipulation, it is recommended as an option. Therapeutic care is a trial of 6 visits over a 2 week period, with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. For elective maintenance care, it is not medically necessary. For reoccurrences/flareups, there is a need to re-evaluate treatment success, if return to work is achieved in 1-2 visits every 4-6 months. It is unknown the functional improvement the injured worker has had from the past chiropractic sessions. For reoccurrence and flareups, the guidelines recommend 1-2 visits every 4-6 months if the patient has returned to work. The request does not meet the guidelines as such is not medically necessary.