

Case Number:	CM14-0081116		
Date Assigned:	07/18/2014	Date of Injury:	05/24/2011
Decision Date:	09/22/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/02/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 54-year-old with a reported cumulative date of injury of 03/21/1984-05/24/2011. The patient has the diagnoses of cervicalgia and lumbago. The patient has the previous history of hip arthroplasty. The documentation provided for review all comes from 2012 and deals with the hip complaints. There are no progress notes from the current requesting physician for review. Per the utilization review the patient had complaints of constant neck and back pain and right upper extremity pain. Again per the utilization review, the patient had tenderness in the lumbar and cervical spine with spasm, decreased range of motion, positive Spurlings' and straight leg tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic to Lumbar and Cervical x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

Decision rationale: The California chronic pain medical treatment guidelines section on manual therapy and manipulation states: 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 facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Treatment Parameters from state guidelines. Time to produce effect: 4 to 6 treatments. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Manual therapy with manipulation is a recommended treatment option for pain caused by musculoskeletal conditions. Unfortunately, there is no documentation for review to assess whether this patient has undergone previous chiropractic care and what the qualitative outcome measure of that care. Since there is no documentation, there is no way to know if the patient has already gone through chiropractic care for these complaints, how many sessions may have been completed and the outcome. Without this information the request is not medically necessary and appropriate.