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| Case Number: | CM14-0082632 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 02/13/1985 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 05/06/2014 |
| Priority: | Standard | Application Received: | 06/04/2014 |

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 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 72-year-old male. On February 13, 1985, the patient was involved in an air mask drill which required him to pull an air mask off an engine and as he did the air mask apparently hung up on the attachment to the engine, and the patient hyperextended his left shoulder, noting immediate pain in his neck and left shoulder, and the next day he had pain in the mid back. Between May 11, 2007 and March 11, 2009, the patient treated with chiropractic care on 64 occasions. The chiropractor's PR-2 of March 11, 2009 indicated the patient would be seen for at least 6 weeks on a PRN basis. The patient was determined P&S on April 20, 2009. On examination on September 17, 2010 the patient reported low back pain, and the September 30, 2010 PR-2 noted the patient had treated on 3 occasions in September. The patient underwent chiropractic examination on February 23, 2011 relative to mid and low back complaints, which were diagnosed as displacement of cervical disc, cervicgia and pain in the thoracic spine. The patient treated on 2 occasions in February 2011 to increase function and reduce pain. On May 23, 2011, the patient presented for chiropractic care with neck and low back pain, and the chiropractor requested 5 office visits. The patient presented with low back pain on March 22, 2013, and the chiropractor recommended 5 office visits. The patient treated with chiropractic care on 3 occasions in April 2013 to increase function and reduce pain. On June 17, 2013, the patient reported neck and low back pain and the chiropractor recommended 5 visits. The patient treated with chiropractic care on 1 occasion in July 2013 to increase function and reduce pain. The chiropractor's narrative of September 11, 2013 indicates the patient experienced gradual onset of low back pain and low back ranges of motion were limited. The chiropractor's PR-2 of September 30, 2013 reports the patient presented on September 11, 2013 with gradual onset of low back pain and low back ranges of motion were limited without degrees of motion noted. The patient was diagnosed with displacement of cervical disc, cervicgia and pain in thoracic spine.

The patient treated with chiropractic care on 7 occasions and September 2013. The patient presented on April 11, 2014 with complaints of low back pain. Examination findings on April 11, 2014 included: lumbar flexion was 40, lumbar extension was 20 and lumbar bilateral bending was 20,+ Lasegue, + bilateral straight leg raise, + - and tenderness over L1 to L5, and Achilles and patellar reflexes diminished bilaterally. The chiropractor recommended 6 office visits over a period of 3 weeks (2 visits per week for 3 weeks). The most recently dated chiropractic documentation provided for this review is the letter of May 5, 2014, which indicated the patient presented on April 30, 2014 for examination and treatment have a low back flare that was 40-50% improved. Examination findings on April 30, 2014 included: lumbar flexion 55, extension 28, right lateral lumbar bending 25 and left lateral lumbar bending 30, bilateral leg raise remained+ with tightness and hamstrings, and bilateral leg raise test remained +. The chiropractor recommended 3 additional visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Chiropractic Treatments: Upheld

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

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

Decision rationale: The California MTUS Guideline 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's injury occurred on February 13, 1985, and he has treated with extensive chiropractic care since prior to May 11, 2007. Recently, the patient presented on April 11, 2014 with complaints of low back pain, and the chiropractor recommended 6 office visits over a period of 3 weeks. The letter of May 5, 2014 indicates the patient presented on April 30, 2014 for examination and treatment of a low back flare, and the chiropractor recommended 3 additional visits. The California MTUS Guideline supports 1-2 visits every 4-6 months in the treatment of recurrences/flare-ups. The request for 3 additional chiropractic visits in the treatment of a flare-up occurred just 19 days after the patient presented on April 11, 2014 and a course of 6 office visits over a period of 3 weeks was recommended. Submitted documentation does not provide evidence of lasting objective functional improvement with chiropractic care rendered, the request for 3 additional treatment sessions in the care of a flare is not within the timeframe supported by the California MTUS Guideline, and elective/maintenance care is not supported; therefore, the request for 3 additional chiropractic treatments is not supported to be medically necessary.