

Case Number:	CM14-0085986		
Date Assigned:	07/23/2014	Date of Injury:	09/06/2011
Decision Date:	08/27/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

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 Acupuncture, 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 injured worker is a 62 year old male who reported neck and low back pain from injury sustained on 09/06/11 due to cumulative trauma by the garage door and motor vehicle accident. MRI (2012) revealed degenerative disc disease with facet arthropathy and retrolisthesis at C4-C5; neural foraminal narrowing on the right at C3-4 and on the left at C5-6/C6-7. MRI (2012) of the lumbar spine revealed degenerative disc disease with facet arthropathy and retrolisthesis at L4-5; canal stenosis at L4-5 and neural foraminal narrowing at L43-/L4-5. EMG/NCS revealed L4-5 radiculopathy. Patient is diagnosed with HNPs at L3-4 and L4-5 with stenosis; multiple HNPs at the cervical spine with stenosis; cervical and lumbar radiculopathy. Patient has been treated with medication, acupuncture, and chiropractic. Per medical notes dated 04/22/14, patient complains of neck and low back pain. He rated his low back pain at 3-5/10; neck pain at 4/10 and arm pain at 3/10. He reports persistent upper extremity and lower extremity symptoms. Patient complains of numbness, tingling and burning in his arms and legs. He has tried approximately 24 sessions of acupuncture and 24 sessions of chiropractic. Provider is requesting additional 6 chiropractic treatments. Patient hasn't had any long term symptomatic or functional relief with Chiropractic care. Patient continues to have pain and flare-ups. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xwk x 3wks cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Per MTUS- Chronic Pain Medical Treatment Guideline - Manual Therapy and Manipulation pages 58-59. 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 objectively measurable gain in functional improvement that facilitates progression in the patient's therapeutic exercise program and return to productive activities. 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 of procedure effect: 4-6 treatments.) Frequency 1-2 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 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function. Patient has had prior chiropractic treatments with symptomatic relief; however, clinical notes fail to document any functional improvement with prior care. Per medical notes dated 04/33/14, patient has tried approximately 24 chiropractic sessions with some results. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 2x3 Chiropractic visits are not medically necessary.