

Case Number:	CM14-0087777		
Date Assigned:	07/23/2014	Date of Injury:	03/30/1999
Decision Date:	08/27/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/11/2014

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 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 78-year-old female born on 11/22/1935. On 03/30/1999, during the course of her employment as a teacher, she opened the door from her classroom onto the playground and was struck on the right side of her head by a soccer ball that was kicked by a student. She noted her head was suddenly jerked forward with a rippling effect along the entire axial skeleton. She continued working the date of injury and took the next three days off. Upon returning to work on 04/05/1989, she noted persistent headache, neck, shoulder and low back pain. The patient underwent orthopedic reevaluation on 05/08/2014 and reported constant neck pain radiating to the shoulders and constant low back pain with radiation into the right lower extremity. Cervical examination revealed 1+ palpable tenderness to the midline bilateral paravertebral muscles, cervical flexion 50, cervical extension 40/30, right lateral cervical flexion 20/90, left lateral cervical flexion 20/90, right cervical rotation 60/90, left cervical rotation 65/90. Shoulder ranges of motion to normal limits. Upper extremity motor strength 5/5 bilaterally, upper extremity DTRs 2+ bilaterally, and upper extremity sensation intact to light touch and pinprick bilaterally. Lumbosacral spine examination revealed patient able to walk on heels and toes without difficulty, lumbosacral flexion 47, lumbosacral extension 10/25, right lateral lumbosacral flexion 25/20, and left lateral lumbosacral flexion 25/20. Lower extremity motor strength 5/5 bilaterally, lower extremity DTRs 2+ bilaterally, and lower extremity sensation intact to light touch and pinprick bilaterally. The patient was diagnosed with chronic cervical and lumbosacral sprain. Lidoderm patches were prescribed and physical therapy was requested. No chiropractic documentation was provided for this review. There is a request for chiropractic treatment in the cervical and lumbar spines at a frequency of 2 times per week for 10 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIRO TREATMENT 2 X WEEK X 10 WEEKS TO THE CERVICAL / LUMBAR SPINE: Upheld

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

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

Decision rationale: The request for chiropractic treatment at a frequency of 2 times per week for 10 weeks for the cervical and lumbar spines is not supported to be medically necessary. MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits of manual therapy and manipulation in the treatment of chronic low back pain 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. No chiropractic documentation was provided for this review. There was no documentation of measured objective functional improvement with chiropractic care rendered during a 6-visit trial, no evidence of an acute flare-up, and elective/maintenance care is not supported; therefore, the request for 20 chiropractic treatment visits exceeds guidelines recommendations and is not supported to be medically necessary.