

Case Number:	CM14-0098365		
Date Assigned:	07/28/2014	Date of Injury:	09/20/2000
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/26/2014

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 Chiropractics 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 55-year-old female born on [REDACTED]. The date of injury is noted as 09/20/2000, but no history of injury or clinical documentation dated prior to 01/15/2014 was provided for this review. The chiropractor's PR-2 of 01/15/2014 reports patient complaints of frequent moderate low back pain. Examination on 01/15/2014 revealed paravertebral tenderness, myospasm, fixation, edema and pain of the lumbar musculature; positive orthopedic and neurological testing found in Kemps; and lumbar range of motion decreased by pain and stiffness in extension, lateral left flexion and lateral right flexion. The chiropractor's PR-2 of 04/02/2014 reports patient complaints of constant severe low back pain. Examination on 04/02/2014 revealed paravertebral tenderness, myospasm, fixation, edema and pain of the lumbar musculature; positive orthopedic and neurological testing found in Kemps; and lumbar range of motion was decreased by pain and stiffness in flexion, extension, lateral left and right flexion and right and left rotation. Diagnoses were noted as lumbar intervertebral discs syndrome and lumbar vertebral subluxation complex. Treatment consisted of chiropractic spinal manipulation with a recommendation for 2 treatments per week for 2 weeks then 1 time per week for 2 weeks. The patient was to remain off work until 05/01/2014. The chiropractor's PR-2 of 05/29/2014 reports patient complaints of intermittent mild low back pain. Examination on 05/29/2014 revealed paravertebral tenderness, fixation and pain of the lumbar musculature; positive orthopedic and neurological testing found in Kemps; and lumbar range of motion decreased by pain and stiffness in extension, lateral right and lateral left flexion. Diagnoses were noted as lumbar intervertebral discs syndrome and lumbar segmental dysfunction. The patient treated with chiropractic spinal manipulation, and the chiropractor noted treatment was performed as needed to cure and or relieve exacerbation due to injuries sustained.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing chiropractic therapy for the low back twice a week for 2 weeks, then once a week for 2 weeks, followed by a re-evaluation: 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 & Manipulation Page(s): 58-60.

Decision rationale: The request for chiropractic treatment to this patient's low back at a frequency of 2 times per week for 2 weeks then 1 time per week for 2 weeks is not supported to be medically necessary. California 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 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. There is no evidence of measured objective functional improvement with chiropractic care rendered, no evidence of an acute flare-up, no evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for ongoing chiropractic treatment to this patient's low back at a frequency of 2 times per week for 2 weeks then 1 time per week for 2 weeks exceeds MTUS treatment recommendations and is not supported to be medically necessary.