

Case Number:	CM14-0180593		
Date Assigned:	11/05/2014	Date of Injury:	10/14/2005
Decision Date:	02/03/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/30/2014

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 48 year old male who reported neck and low back pain from injury sustained on 10/14/05. Patient was sleeping in the truck cab when a student driver crashed into the truck causing multiple injuries. There were no diagnostic imaging reports. Patient is diagnosed with status post lumbar discectomy, lumbar disc disease with radiculitis, lumbar spinal stenosis and bilateral wrist tendinitis. History of treatment was not documented in the provided medical records. The only medical records that were submitted for review were hand written medical notes dated 09/29/14 which were moderately illegible. Per medical notes dated 09/29/14, patient complains of ongoing low back pain and lower extremity giving out. Pain remains the same since last examination. Pain is rated at 8-9/10 and is described as moderate, severe, frequent, constant, dull and sharp. Patient is unable to proceed with lumbar spine surgery as he has to lose 50 lbs prior to surgery. Provider recommends weight loss surgery prior to considering lumbar spine surgery. Provider requested 2X3 Chiropractic visits for neck and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation for the lumbar and cervical spine, twice weekly for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Page(s): 46 - 47, and 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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 measureable gains in functional improvement that facilitate 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. Elective/ maintenance care- not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines. A) Time of procedure effect: 4-6 treatments. B) 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. C) 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. It is unclear if the patient has not had prior chiropractic treatments or if the request is for initial trial of care. Provider requested 6 chiropractic treatments for neck and low back pain. Manipulation is "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 measureable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities". Patient is a candidate for lumbar surgery and due to the length of the injury Chiropractic treatment would not be recommended as it is recommended for musculoskeletal pain. 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 (if any previously administered). Per guidelines and review of evidence, the requested Chiropractic Manipulation is not medically necessary.