MAXIMUS Federal Services

Case Number:	CM14-0204667		
Date Assigned:	12/16/2014	Date of Injury:	09/23/2014
Decision Date:	02/05/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/08/2014

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 Family Practice 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 60 year-old man who was injured at work on 9/23/2014. The injury was primarily to his back and lower extremities. He is requesting review of denial for the following: Chiropractic Sessions to Include Estim/Hot-Pack/Manipulation DOS: 9/26/2014-11/19/2014; QTY #13 and Retro: 2 Rounds of Chiropractic Sessions to Include Exercises/Massage/Manipulation DOS: 9/26/2014-11/19/2014; QTY #12.Medical records corroborate ongoing care for his injuries. The chronic diagnoses include: Cervical Sprain/Strain; Thoracic Sprain/Strain; Lumbosacral Sprain/Strain; and Extruded Disc. In the Utilization Review process CA/MTUS Guidelines are cited in the assessment of the requested services. It was noted that per guidelines, an initial trial of 6 sessions of chiropractic care are indicated and pending functional improvement additional chiropractic care can be rendered. However, given the lack of documentation on the functional benefits for this patient's symptoms, the recommendation was to modify the retrospective request for 13 chiropractic sessions to include e-stim/hot-pack/manipulation to allow an initial 6 sessions of chiropractic sessions to include e-stim/hot-pack/manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Chiropractic sessions to include estim/hot-pack / manipulation DOS: 09/26/14-11/19/14 QTY: 13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 173; 181, and Official Disability Guidelines: Neck & Upper Back Chapter Manipulation, Official Disability Guidelines, Chiropractic, Cervical Strain; Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter Manipulation; Chiropractic Guidelines, Therapeutic Care

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Manual Therapy & Manipulation as a treatment modality. In summary, the guidelines state the following:Manual therapy & 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 objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion.These stated guidelines also comment on the use of manual therapy & manipulation for given clinical conditions. These comments also indicate the number of allowed sessions.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. In this case, the number of sessions that were requested exceeds the MTUS guidelines; specifically that for therapeutic care there should be a trial of 6 visits over 2 weeks with evidence of objective functional improvement. Given these findings, the request for 13 chiropractic sessions is not considered as medically necessary.

Retro: 2nd round of chiropractic sessions to include exercises / massage / manipulation DOS: 09/26/2014 - 11/19/14 QTY: 12.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 173; 181, and Official Disability Guidelines: Neck & Upper Back Chapter Manipulation, Official Disability Guidelines, Chiropractic, Cervical Strain; Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter Manipulation; Chiropractic Guidelines, Therapeutic Care

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not beyond the anatomic range-of-motion.These stated guidelines also comment on the use of manual therapy & manipulation for given clinical conditions. These comments also indicate the number of allowed sessions.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. In this case, the number of sessions that were requested exceeds the MTUS guidelines; specifically that for therapeutic care there should be a trial of 6 visits over 2 weeks with evidence of objective functional improvement. Given these findings, the request for 12 chiropractic sessions is not considered as medically necessary.