

Case Number:	CM14-0218812		
Date Assigned:	02/10/2015	Date of Injury:	12/16/2009
Decision Date:	04/02/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Chiropractor

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 64-year-old male who reported injury on 12/16/2009. The mechanism of injury was not provided. Prior therapies were noted to include chiropractic treatment. There was a Request for Authorization submitted for review due to a flareup of low back pain and neck pain dated 12/10/2014. The documentation of 12/10/2014 revealed the injured worker had low back pain with radiating pain to the right hip that was improved with chiro and neck pain that was persistent that had improved, and the injured worker had increased range of motion with chiropractic care. The injured worker was noted to have 1 treatment left. The objective findings revealed the injured worker had decreased range of motion of the cervical spine. The injured worker had decreased range of motion of the lumbar spine. The diagnoses included grade 1 anterolisthesis of L4 on L5, translational displacement, and multilevel lumbar disc disease, as well as multilevel cervical disc disease. The treatment plan included 8 visits of chiropractic care for flaring low back and neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the Lumbar and Cervical Spine quantity 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Neck and Upper Back Chapter.

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. The maximum duration is 8 weeks and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The clinical documentation submitted for review indicated prior chiropractic treatments had been helpful. However, there was a lack of documentation of objective functional benefit, and objective decrease and pain, and an improvement in quality of life. Given the above, and the lack of documentation, the request for chiropractic treatment for the lumbar and cervical spine, quantity 6 is not medically necessary.