

Case Number:	CM15-0149704		
Date Assigned:	08/13/2015	Date of Injury:	08/17/1995
Decision Date:	09/17/2015	UR Denial Date:	07/11/2015
Priority:	Standard	Application Received:	08/03/2015

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: California
 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 63-year-old male who sustained an industrial/work injury on 8-17-95. He reported an initial complaint of low back, neck, and upper extremity pain. The injured worker was diagnosed as having lumbar disc displacement. Treatment to date includes medication. Currently, the injured worker complained of increase of lower back pain with radicular pain into the right calf and buttocks and pain in the cervico-thoracic region to the right shoulder and bilateral arms. Per the primary physician's report (PR-2) on 6-3-15, right head tilt, elevated right shoulder, elevated right ileum and decreased range of motion with pain into the right lumbosacral joint. Orthopedic tests were positive to include Kemp's test, heel walk, Lasegue's, Fabere, Milgram, and Ely's test. The cervical spine exam demonstrated decreased range of motion in all ranges, diminished right dominate hand strength while dermatomes are elevated on the right side and hypoesthesia is apparent on the leg-calf and forearm. The requested treatments include chiropractic treatments to cervical/lumbar spine and chiropractic treatments to cervical/lumbar spine (DOS 4/16/15, 5/13/15, and 6/3/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Chiropractic treatments to cervical/lumbar spine (DOS 4/16/15, 5/13/15, 6/3/2015):
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic guidelines Official Disability Guidelines (ODG), Neck and upper back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. 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. Recurrences/flare-ups & Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59.

Decision rationale: The claimant presented with chronic neck and low back pain. Previous chiropractic treatments helped with symptoms and improve range of motion. Reviewed of the available medical records showed the claimant has had periodic chiropractic visits in the last few years for flare-ups. Although MTUS guidelines might recommend 1-2 visits every 4-6 months for flare-up, the request for 3 visits exceeded the guidelines recommendation. Therefore, it is not medically necessary.

16 chiropractic treatments to cervical/lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic guidelines Official Disability Guidelines (ODG), Neck and upper back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. 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. Recurrences/flare-ups & Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59.

Decision rationale: The claimant presented with chronic neck and low back pain. Previous chiropractic treatments helped with symptoms and improve range of motion. Reviewed of the available medical records showed the claimant has had periodic chiropractic visits in the last few years for flare-ups. Although MTUS guidelines might recommend 1-2 visit every 4-6 months for flare-up, ongoing maintenance care is not recommended. Therefore, the request for 16 chiropractic visits is not medically necessary.

