

Case Number:	CM15-0214951		
Date Assigned:	11/04/2015	Date of Injury:	01/17/1990
Decision Date:	12/24/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/02/2015

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 66 year old male, who sustained an industrial injury on January 17, 1990. He reported a sharp pain in his neck and upper back. The injured worker was diagnosed as having cervical nonallopathic lesions, cervical strain and sprain, thoracic nonallopathic lesions and lumbar nonallopathic lesions. On September 23, 2015, chiropractic notes stated that the injured worker complained of continuous aching, tightness and discomfort in the back of his neck. The discomfort was noted to increase with any movement. He rated the pain as a 6 on a 1-10 pain scale and stated that the discomfort occurs approximately 60% of the time. He also complained of intermittent aching, tightness and diffuse discomfort in the right trapezius that increases with movement. He rated the pain as a 6 on the pain scale and stated the discomfort occurs approximately 60% of the time. The injured worker also complained of intermittent dull, aching and tightness discomfort in the low back that increases with movement. This pain was rated a 7 on the pain scale and is present approximately 70% of the time. He complained of intermittent aching, tightness and discomfort in the left trapezius that increases with movement. He rated the discomfort as a 6 on the pain scale and reported the discomfort to be present 60% of the time. Overall, his discomfort was noted to be the same since his last visit. Chiropractic manipulation and infrared therapy were performed at the visit. The treatment plan included a return for treatment every two weeks and cold packs for home use to reduce swelling and discomfort in the affected area. On October 20, 2015, utilization review denied a request for one chiropractic treatment including manipulation and infrared therapy (date of service 09-23-15)

and unknown chiropractic treatment including manipulation and infrared therapy every two weeks. A request for one cold pack was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Chiropractic treatment including manipulation and infrared therapy (DOS 9/23/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Infrared therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant underwent a qualified medical evaluation in 2005 with [REDACTED]. The report indicated that "examining reported that he has not received his chiropractic treatment care since the utilization review ceased his future medical award for approximately one month." The evaluator opined that "in my opinion the examinee is eligible for future medical and chiropractic treatment care. It is my opinion the examinee is eligible for chiropractic treatment care 2 times per month." On 6/12/2012 the claimant underwent a 2nd qualified medical evaluation with [REDACTED]. He opined that the claimant "is in need of future treatment to relieve industrial symptoms when his self-help measures failed to offer adequate relief." The recommendation was for continued chiropractic treatment for exacerbations and the claimant "should be to function well with 2 visits of chiropractic care per month, as has been previously recommended by prior evaluators and appears appropriate at this time. Therefore, after completing the 6 visits described above, future treatment should be allowed in this case of up to 24 visits per year. The temporal administration of those 24 visits should be left at the discretion of the treating chiropractor and the patient as it suits the patient's needs to best prevent progression of his condition, reduced flare-up symptoms and attempt to protect his functional capacities." Given the clinical findings on the most recent examination and consistent with the prior QME reports the request for the one chiropractic treatment was established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." The one treatment rendered this claimant for date of service 9/23/2015 is consistent with this guideline. Therefore the request is medically necessary.

Unknown chiropractic treatment including manipulation and infrared therapy every 2 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Infrared therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant underwent a qualified medical evaluation in 2005 with [REDACTED]. The report indicated that "examining reported that he has not received his chiropractic treatment care since the utilization review ceased his future medical award for approximately one month." The evaluator opined that "in my opinion the examinee is eligible for future medical and chiropractic treatment care. It is my opinion the examinee is eligible for chiropractic treatment care 2 times per month." On 6/12/2012 the claimant underwent a 2nd qualified medical evaluation with [REDACTED]. He opined that the claimant "is in need of future treatment to relieve industrial symptoms when his self-help measures failed to offer adequate relief." The recommendation was for continued chiropractic treatment for exacerbations and the claimant "should be to function well with 2 visits of chiropractic care per month, as has been previously recommended by prior evaluators and appears appropriate at this time. Therefore, after completing the 6 visits described above, future treatment should be allowed in this case of up to 24 visits per year. The temporal administration of those 24 visits should be left at the discretion of the treating chiropractor and the patient as it suits the patient's needs to best prevent progression of his condition, reduced flare-up symptoms and attempt to protect his functional capacities." The medical necessity for chiropractic treatment every 2 weeks was established. The prior QME's who actually evaluated the claimant indicated that up to 2 sessions of chiropractic treatment per month, or up to 24 sessions per year, could be considered appropriate. The treatment every 2 weeks is consistent with these recommendations. Therefore, the requested treatment every 2 weeks is medically necessary and was established.