

Case Number:	CM14-0117412		
Date Assigned:	09/16/2014	Date of Injury:	04/23/2014
Decision Date:	12/03/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/24/2014

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 licensed 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 36 year old male who reported head; upper back and low back; bilateral shoulders; chest; jaw; ears; left elbow and right knee pain from injury sustained on 04/23/14 after he fell off 10 foot roof. There were no diagnostic imaging reports. Patient is diagnosed with headaches, thoracic spine strain/strain, lumbar spine sprain/strain, bilateral shoulder sprain/strain, left elbow sprain/strain, right knee sprain/strain, chest pain and sprain of jaw. Patient has been treated with medication and physiotherapy. Per medical notes dated 05/16/14, patient complains of constant, moderate headaches that are associated with neck pain. Patient notes jaw pain, which seems to increase when chewing. Patient complains of ear pain. He notes constant, moderate nagging pain into the bilateral shoulder which he describes as aching, sore and shooting in nature. He notes constant pain at the left elbow and right knee. Patient has constant, moderate pain in the upper and low back. Examination revealed tenderness to palpation and decreased range of motion of the injured areas. Provider requested 6-12 chiropractic visits which were modified to 6 by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) chiropractic sessions over 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, 303, Chronic Pain Treatment Guidelines Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines

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 Page 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 measurable gain in functional improvement that facilitates 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 is not medically necessary. Re-occurrences/ 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". Patient has not had prior chiropractic treatments. Provider requested 6-12 chiropractic sessions which were modified to 6 by the utilization reviewer. Per guidelines 4-6 treatments are supported for initial course of Chiropractic treatment with evidence of functional improvement prior to consideration of additional care. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 6-12 Chiropractic visits are not medically necessary.