

Case Number:	CM14-0128160		
Date Assigned:	09/23/2014	Date of Injury:	02/08/1996
Decision Date:	10/22/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/12/2014

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 I 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 50 year old male who reported mid back pain from injury sustained on 02/08/96. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with thoracic strain. Patient has been treated with medication, physical therapy and chiropractic. Per medical notes dated 07/08/14, patient complains of mid back pain between the shoulder blades. Pain is aggravated by prolonged sitting. Examination revealed decreased range of motion of the cervical and thoracic spine. There was tenderness to palpation and hypertonicity of the rhomboids. Patient has had prior Chiropractic visits. Per utilization review, "patient's neck disability index report dated 07/21/14 demonstrates reduced pain intensity, increased ability for personal care, reduced frequency of headaches, increased work ability, improved sleep quality and increased ability to engage in recreation activities as compared to 03/05/14". Provider requested additional 8 chiropractic visits with manipulation, myofascial release and electrical stimulation which were modified to 8 chiropractic visits with manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Chiropractic sessions including manipulation, myofascial release and electrical stimulation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, Chronic Pain Treatment Guidelines Manual therapy &

manipulation; massage/Myotherapy; Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) and Chiropractic Guidelines; Therapeutic care

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation; massage; TENS Page(s): 58-59; 60; 114.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, 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 measureable 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. 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 had prior chiropractic treatments with symptomatic and objective functional improvement. Per utilization review, "patient's neck disability index report dated 07/21/14 demonstrates reduced pain intensity, increased ability for personal care, reduced frequency of headaches, increased work ability, improved sleep quality and increased ability to engage in recreation activities as compared to 03/05/14". Provider requested additional 8 chiropractic visits with manipulation, myofascial release and electrical stimulation which were modified to 8 chiropractic visits with manipulation. Per MTUS guidelines: Massage, page 60: This treatment should be an adjunct to other recommended treatments, and should be limited to 4-6 visits in most cases. "Myofascial release" is not documented in the guidelines. Patient has had prior sessions; therefore it is not medically necessary. Per MTUS guidelines: TENS page 114: not recommended as a primary treating modality, while TENS may reflect long-standing accepted standard of care within many medical communities, the results of studies are inconclusive". Per review of evidence and guidelines, 8 Chiropractic visits with manipulation, myofascial release and E-stim are not medically necessary.