

Case Number:	CM14-0134879		
Date Assigned:	08/29/2014	Date of Injury:	05/06/2009
Decision Date:	10/06/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/21/2014

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 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 40-year-old male with a reported date of injury on 05/06/2009, while working on a scaffold approximately 8 feet above the ground, the patient was pulling a large hose over his left shoulder, and the hose became caught on something and his body was jerked backwards. The patient has treated with chiropractic care since at least 05/07/2009. The patient presented for chiropractic care on 05/09/2013 with lower back pain improved. The patient underwent chiropractic examination 12/12/2013 with complaints of 6/10 neck pain and 6/10 lower back pain. The patient was to return and 5-6 weeks for follow-up evaluation for ongoing treatment, and the patient was remain off work until 01/31/2014. On 02/04/2014, the patient again underwent chiropractic examination with complaints of 5/10 lower back pain. The chiropractor recommended chiropractic care at a frequency of 1 time per week for 4 weeks. In chiropractic examination on 05/28/2014, the patient reported 8/10 low back pain. The patient was to return in 5-6 weeks for follow-up evaluation for ongoing treatment. On 07/10/2014, the patient was seen in chiropractic evaluation with complaints of 6/10 lower back pain. By examination, at levels C7-T1, T1-T2, T2-T3, T3-T4, T4-T5, T5-T6, T6-T7, T7-T8, T8-T9, T9-T10, T10-T11, T11-T12, T12-L1, L1-L2, L2-L3, L3-L4, L4-L5, L5-S1, and SI palpation revealed moderate paraspinal tenderness bilaterally (findings consistent with those reported since the examination on 07/02/2013). Lumbar spine examination findings were noted as: flexion 45/50, extension 10/60, bilateral lateral bending 40/45, right rotation 45/80, and left rotation 70/80. Lower extremity DTRs were reported normal bilaterally. Diagnoses were reported as thoracic sprain, cervical sprain/strain, cervical radiculopathy, lumbar sprain/strain, lumbar radiculopathy, lumbar disc herniation, unspecified myalgia and myositis, sprain of unspecified size of shoulder and upper arm, disorders of bursa and tendons and shoulder region unspecified, spasm of muscle, unspecified anxiety state, and unspecified sleep disorder (with the exception of

the addition of cervical sprain/strain and cervical radiculopathy, diagnoses were consistent with those reported as far back as 07/02/2013). The examination record of 07/10/2013 reports the patient had been instructed to return to work with restrictions on 03/05/2014. The chiropractor requested authorization for chiropractic care at a frequency of 1 time per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1xWkx4Wks, Lower Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Manual therapy & manipu.

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

Decision rationale: MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. The patient has treated with chiropractic care since at least 05/07/2009. Since 12/12/2013, he has returned for examinations on 12/12/2013, 02/04/2014, 05/14/2014 and 07/10/2014. MTUS reports if RTW (return to work) then 1-2 visits every 4-6 months. This patient has returned for chiropractic more frequently than guidelines recommendations. There is no evidence of measured objective functional improvement with a trial of up to 6 visits over 2 weeks of manual therapy and manipulation, there is no evidence of a recurrence/flare-up, there is no measured documentation of prior treatment success, and elective/maintenance care is not supported. The request for 4 chiropractic visits at a frequency of 1 time per week for 4 weeks exceeds MTUS recommendations and is not supported to be medically necessary.