MAXIMUS Federal Services

Case Number:	CM14-0138058		
Date Assigned:	09/05/2014	Date of Injury:	03/10/1998
Decision Date:	09/29/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/26/2014

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 Board Certified in Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 66 year old male with an injury date of 03/10/98. Based on 08/19/14 progress report by [redacted]., patient complains of pain in neck, mid back, low back, right arm, right hand and bilateral legs, more intense on right. Patient also has headache and is unable to work. Physical Exam findings: involuntary muscle guarding and pain with range of motion in the cervical, thoracic and lumbar areas. Tenderness to palpation in the cervical, thoracic and lumbar areas. Straight leg raise at 30 on right and left for back pain. Swelling of L5-S I. Fabere, Patrick, Bilateral leg raise and leg lowering tests were positive X-Ray report shows: no fractures. Advanced degenerative joint disease at L5-Sl. D.I.S.H. (Diffuse Idiopathic Skeletal Hyperostosis) in cervical through thoracic spine. Diagnosis: cervical neuritis headaches pain in the thoracic spine- displacement of lumbar intervertebral disc [redacted] states in his treatment plan dated 08/19/14 that he would like to perform chiropractic manipulative, manual therapy and H-wave/Electrical Stimulation to reduce pain and increase motion and functionality. As per UR determination 6 chiropractic treatments were already authorized. [redacted] is requesting 6 Chiropractic Manipulative therapy treatments to include Manual therapy and H-wave/electrical stimulation. The utilization review determination being challenged is dated 08/22/14. The rationale is "according to the records six chiropractic treatments were recommended certified on 8/13/2014 in review 113002775 and it appears that the patient has not yet completed these visits. Therefore, considering the records, based on guidelines recommendations and until the six chiropractic treatments previously certified are completed and objective functional improvement documented; it is premature to certify additional treatment." [redacted] is the requesting provider and he provided treatment report dated 08/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) chiropractic manipulative therapy treatments to include manual therapy and H-wave/electrical stimulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation-chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The patient presents with cervical neuritis, headaches, pain in the thoracic spine, and displacement of lumbar intervertebral disc. The request is for 6 Chiropractic Manipulative therapy treatments to include Manual therapy and H-wave/electrical stimulation. MTUS recommends an option trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. Based on utilization review letter dated 08/22/14, patient was already approved for 6 chiropractic sessions. Treater also mentions authorization of 6 sessions in report dated 08/19/14. This is a request for additional 6 sessions. Per MTUS guidelines, 6 sessions must be completed first, and then, objective functional improvement documented. Therefore, the request of six (6) chiropractic manipulative therapy treatments to include manual therapy and H-wave/electrical stimulation is not medically necessary and appropriate.