

Case Number:	CM14-0160674		
Date Assigned:	10/03/2014	Date of Injury:	11/04/2013
Decision Date:	10/30/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/29/2014

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 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 patient is a 34-year-old female born on 01/14/1980. She has a reported date of injury on 11/04/2013, but no historical information or description of injury was provided for this review. The chiropractor submitted a PR-2 with MTUS Compliant Treatment Request dated 06/18/2014. The record reports patient complaints of 6/10 lower back pain and 5/10 mid back pain. By examination, lumbar spine ranges of motion were reported as: flexion 50/60, extension 20, right lateral bending 20/25 and left lateral bending 20 with pain experienced in all planes of motion. Upper and lower extremity DTRs were rated 2 bilaterally. Upper and lower extremity dermatomes were reported equal. Kemps and Patrick-Fabere were reported positive bilaterally for increased pain, and SLR was reported with pain at 70 bilaterally. The patient was diagnosed with lumbar disc displacement without myelopathy (722.10), lumbar spine myofasciitis (729.1), thoracalgia (724.1), and lumbar left sciatica (724.3). The chiropractor recommended treatment at a frequency of 1 time per week for 6 weeks with treatment procedures to include spinal manipulation (98941). The patient had already treated with 10 sessions of chiropractic care prior to the 06/18/2014 request. The patient had completed Assessment of ADL Functions & Improvement after Treatment forms on 01/06/2014 (score 122/200), 03/07/2014 (score 105/200), and 06/18/2014 (score 90/200). This review is regarding the medical necessity of lumbar spine manipulation at a frequency of 1 time per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal manipulation once a week for six weeks for the lumbar spine: Upheld

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

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

Decision rationale: The request for 6 chiropractic spinal treatment sessions to the lumbar spine at a frequency of 1 time per week for 6 weeks is not supported to be medically necessary. The MTUS (Chronic Pain Medical Treatment Guidelines) reports the intended goal of manual therapy and manipulation is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The MTUS 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's injury occurred on 11/04/2013. On 06/18/2014, the patient reported complaints of 6/10 lower back pain and 5/10 mid back pain. Lumbar spine ranges of motion were reported as: flexion 50/60, extension 20/25, right lateral bending 20/25 and left lateral bending 20/2 with pain experienced in all planes of motion. Upper and lower extremity DTRs were rated 2 bilaterally, and upper and lower extremity dermatomes were reported equal. Kemps and Patrick-Fabere were reported positive bilaterally for increased pain, and SLR was reported with pain at 70 bilaterally. Prior to 06/18/2014 the patient had treated with chiropractic care on 10 occasions. The patient had completed Assessment of ADL Functions & Improvement after Treatment forms on 01/06/2014 (score 122/200), 03/07/2014 (score 105/200), and 06/18/2014 (score 90/200). Although the patient had reported improvements after treatments on 01/06/2014, 03/07/2014, and 06/18/2014, the number of treatments received up to each date reported are not known. There is no evidence the patient was progressing in a therapeutic exercise program. The records do not provide 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, and elective/maintenance care is not supported; therefore, the request for 6 additional chiropractic visits is not supported to be medically necessary. The MTUS (Medical Treatment Utilization Guidelines) does not support medical necessity for the request of 6 chiropractic visits to the lumbar spine.