

Case Number:	CM14-0162264		
Date Assigned:	10/07/2014	Date of Injury:	08/02/2007
Decision Date:	10/31/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/02/2014

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 patient is a 60-year-old male born on [REDACTED]. There is a reported date of injury on 08/02/2007, yet no history of injury on 08/02/2007 was reported. An initial report, from an illegibly identified individual, dated 09/03/2014 notes the patient was involved in a motor vehicle accident on 03/21/2013 when his car was struck on left side by another vehicle making a lane change, and he experienced lower back pain. The 09/03/2014 record reports decreased lumbar spine ROM with positive Kemp's and Yeoman's; diagnoses of spinal enthesopathy (720.1), lumbalgia (724.2), lumbar sprain/strain (728.85), and lumbar subluxation (847.2); and the patient was disabled from 03/22/2013 through 08/28/2013. The Application for Independent Medical Review dated 10/02/2014 reports the patient's date of injury as 08/02/2007, and the services in question are regarding chiropractic care in the treatment of CPT codes 720.1 (spinal enthesopathy), 724.2 (lumbago), and 847.2 (lumbar sprain/strain). This review is regarding medical necessity of 41 sessions of chiropractic care from 03/22/2013 through 08/28/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Chiropractic care, lumbar for DOS: 3/22/13-8/28/13 QTY: 41: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, pages 106, 111 and 115

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

Decision rationale: The request for 41 chiropractic treatment sessions to the lumbar spine from 03/22/2013 through 08/28/2013 is not supported to be medically necessary. 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. 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. There was no chiropractic documentation provided for this review specific to an injury on 08/02/2007. The Application for Independent Medical Review dated 10/02/2014 reports the patient's date of injury as 08/02/2007, and the services in question are regarding chiropractic care in the treatment of CPT codes 720.1 (spinal enthesopathy), 724.2 (lumbago), and 847.2 (lumbar sprain/strain). The submitted documentation does 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 the patient was progressing in a therapeutic exercise program, there is no evidence of a recurrence/flare-up, elective/maintenance care is not supported, and the patient had treated in excess of guidelines recommendations; therefore, the request for 41 chiropractic visits is not supported to be medically necessary. MTUS (Medical Treatment Utilization Guidelines) does not support medical necessity for the request of 41 chiropractic visits to the lumbar spine from 03/22/2013 through 08/28/2013.

Retrospective: Initial six chiropractic treatments DOS: 3/22/13, 3/25/13, 3/27/13, 3/29/13, 4/1/13, 4/3/13, QTY: 6: Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, pages 106, 111 and 115

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

Decision rationale: MTUS supports the initial 6 chiropractic treatments (03/22/2013, 03/25/2013, 03/27/2013, 03/29/2013, 04/01/2013, and 04/03/2013). 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. 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. MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits of manual therapy and manipulation in the treatment of chronic low back pain complaints; therefore, medical necessity is supported for the initial 6 chiropractic treatment sessions from 03/22/2013 through 04/03/2013.