

Case Number:	CM14-0167808		
Date Assigned:	10/15/2014	Date of Injury:	09/09/2013
Decision Date:	12/02/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/11/2014

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 Family Medicine 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:

This is a 37 year old male patient who sustained a work related injury on 9/9/13, patient sustained the injury when he was working on a rooftop edge at the top of a ladder, he fell approximately 13 feet to the concrete driveway. The current diagnoses include chronic lumbosacral strain, lumbosacral neuritis, multilevel disc protrusions at L4-5 and L5-S1. Per the doctor's note dated 4/22/14, physical examination revealed discomfort with full AROM of the cervical and thoracic spine and palpable muscle guarding to the thoracic spine. As per records provided the doctor's note dated 8/25/14, patient has complaints of burning sharp pain over the right side of his neck and upper back. Physical examination revealed cervical spine tenderness as well as thoracic spine tenderness. The current medication lists include muscle relaxant, an NSAID, and a pain reliever. The patient has had MRI of the lumbar spine on 1/23/07 that revealed disc protrusions with foraminal narrowing, multilevel Disc Protrusions at L4-5 and L5-S1; EMG on 4/30/07 that revealed tibial nerve abnormalities; Lumbar bending views revealed inter-segmental fixations at the L4-5 and L5-S1 spinal segments. Any surgical or procedure note related to this injury were not specified in the records provided. The patient has received an unspecified number of the PT visits, work conditioning and chiropractic treatment for this injury. The patient has used a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the cervical spine, QTY: 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (American College of Occupational and Environmental Medicine) [https://acoempracguides.org/Cervical and Thoracic Spine](https://acoempracguides.org/Cervical%20and%20Thoracic%20Spine)

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

Decision rationale: Per the MTUS guidelines regarding chiropractic treatment, "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." In addition the cite guideline states "Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." A recent detailed clinical evaluation note of treating physician was not specified in the records. A detailed recent physical examination of the cervical spine was not specified in the records provided. The patient has received an unspecified number of the PT visits, work conditioning and chiropractic treatment for this injury. The notes from the previous rehabilitation sessions were not specified in the records provided. There was no evidence of significant progressive functional improvement from the previous chiropractic visits therapy that is documented in the records provided. The records submitted contain no accompanying current chiropractic evaluation for this patient. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. The request for Chiropractic treatment for the cervical spine, QTY: 8 sessions is not fully established for this patient.