

Case Number:	CM14-0167887		
Date Assigned:	10/15/2014	Date of Injury:	03/07/1996
Decision Date:	11/18/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/13/2014

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, has a subspecialty in Acupuncture 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 64 year old male who reported low back pain from injury sustained on 03/07/96. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with flare-up of discogenic low back pain, spasm, grade 1 anterolisthesis of L5 on S1 with associated bulging disc, most prominent on the right L4-5 broad based posterior disc protrusion with mild lateralization and L5 spinal bifida. Patient has been treated with chiropractic. Per medical notes dated 09/08/14, patient reports that his right lumbosacral complaint has reached pre-flare up levels of pain and function. Pain at rest is 0/10 and during activity is 1/10. He is able to perform all his activities at pre-flare up levels. Per medical notes dated 09/22/14, patient complains of right low back pain that has been progressing over the previous 9 days. By 09/20/14, patient's back pain had progressed to the point that he feared he might be disabled from work. He denied any specific precipitating incident, accident or trauma. Pain is described as deep and achy. Pain is rated at 2/10 with total rest and increased to 4-7/10 with various posture, position and movements. Medical notes report recent increase in pain. However, there is limited documentation of a specific aggravation or exacerbating event that has led to a significant decline in the patient's function or impairment of objective measures. Provider requested additional 4 chiropractic treatments for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 Times A for 2 Weeks for The Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Per MTUS- Chronic Pain medical treatment guideline, manual therapy and manipulation Page 58-59, "Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measureable gain in functional improvement that facilitates progression in the patient's therapeutic exercise program and return to productive activities". Low Back: Recommended as an option. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks elective/ maintenance care- not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines, A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function". Patient has had prior chiropractic treatments with symptomatic relief; however, clinical notes fail to document any functional improvement with prior care. The number of visit administered is unknown. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Medical notes report recent increase in pain. However, there is limited documentation of a specific aggravation or exacerbating event that has led to a significant decline in the patient's function or impairment of objective measures. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 4 Chiropractic visits are not medically necessary.