

Case Number:	CM14-0180242		
Date Assigned:	11/04/2014	Date of Injury:	04/07/1996
Decision Date:	12/09/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/30/2014

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 New Jersey. 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 69 year old female who was injured on 4/7/1996. She was diagnosed with cervical subluxation, thoracic subluxation, and lumbar subluxation. She was treated with chiropractor treatments (most recently on 5/20/14) although it is unclear as to how many chiropractor treatments or which other treatments were used over the many years following her injury. On 5/21/14, the worker was seen by her chiropractor complaining of pain in between her shoulder blades as well as low back pain with muscle spasm, but reported decreased thoracic and lumbar range of motion. Physical findings included decreased range of motion of the cervical, thoracic, and lumbar spines, positive foraminal compression, positive Fabere, and positive Lasegue's tests. She was treated with chiropractor treatments (4 treatments from 5/15/14 to 8/22/14). She was then recommended 6-8 chiropractor treatments "to reach pre-exacerbation status".

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight Chiropractic Manipulation Treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, "manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks." It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. In the case of this worker, based on the evidence in the note provided, she received an unknown number of chiropractor treatments sometime after her injury. The intention of the chiropractor treatments was to treat an "exacerbation" of her symptoms, which would warrant up to 2 visits in order to reach pre-exacerbation status, if successful. The request was for 8 sessions, which is more than recommended for an exacerbation. Also, there was no documented evidence of benefit included in the notes provided for review from previous chiropractor treatments to help justify a series of repeat treatments. Therefore, the 8 chiropractor treatments are considered not medically necessary.