

Case Number:	CM14-0180364		
Date Assigned:	11/04/2014	Date of Injury:	11/01/2012
Decision Date:	12/11/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/29/2014

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, 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 48 year old male who reported neck, mid back and low back pain from injury sustained on 11/1/12 due to cumulative trauma. X-rays of the cervical spine revealed degenerative changes at multiple levels, severe degenerative disc disease and disc collapse at C5-6 with mild adjacent disc pathology. X-rays of thoracic spine revealed mild discogenic changes at multiple levels. MRI of the cervical spine revealed significant discogenic changes with disc narrowing and disc desiccation with severe canal stenosis at C5-6 and C6-7 and mild at C4-5; the central canal is significantly diminished at multiple levels. MRI of the lumbar spine revealed significant disc degeneration at L4-5 and L5-S1 with bilateral L5 spondylosis, foraminal and central stenosis, moderate to severe. Patient is diagnosed with multi-level cervical disc protrusion with significant stenosis, radiculopathy/radiculitis, lumbar severe degenerative disc disease and lumbar spondylolisthesis at L5-S1. Per most recent medical notes dated 01/13/14, patient complains of neck, mid-back and low back pain. Examination revealed pain to palpation over the cervical and lumbar paraspinal muscle spasm. Provider requested initial trial of 8 chiropractic visits which were modified to 6 by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 guidelines, manual therapy and manipulation, page 58-59 states "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 sin 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 and 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 not had prior chiropractic treatments. Provider requested initial trial of 8 chiropractic sessions which were modified to 6 by the utilization reviewer. Requested visits exceed the quantity of initial chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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 guidelines and review of evidence, 8 chiropractic visits are not medically necessary.