

Case Number:	CM14-0099262		
Date Assigned:	09/16/2014	Date of Injury:	04/21/2014
Decision Date:	05/14/2015	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 (IW) is a 44 year old male who sustained an industrial injury on 04/21/2014. He reported thoracic and low back pain. The injured worker was diagnosed as having lumbar spine sprain /strain with radiculopathy, rule out disc bulges, and thoracic spine sprain/strain. Treatment to date has included Chiropractic care and job modifications. Currently, the injured worker complains of constant/frequent severe to moderate radiating pain and soreness of the lower back that has slight improvement, and constant/frequent, moderate pain and stiffness of the mid back that is improving. The plan of care includes the following: Chiropractic session and physiotherapy, 3 times a week for 2 weeks, then twice weekly for 1 week (lumbar, thoracic), and MRI of the Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic session and physiotherapy, 3 times a week for 2 weeks, then twice weekly for 1 week (lumbar, thoracic): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): Part 1: 1-3, 6, 8; Part 2 58-60.

Decision rationale: Multiple studies have shown that manipulation is an effective therapy in acute and chronic spinal conditions. Manipulation is a passive treatment. Its use in chronic conditions, as required by the MTUS guidelines, necessitates documentation of functional improvement, that is, improvement in activities of daily living or a reduction in work restrictions. The MTUS recommends a trial of 6 visits over two weeks and, if effective, then continued therapy for up to a total of 18 visits. It is important to note that many studies have shown that the longer a patient has pain the less likely therapy will be effective and that manipulation effectiveness decreases over time. Additionally, chiropractic treatments, as with active therapies such as physical therapy, require fading of treatment frequency along with home, self-directed exercises. The request for chiropractic treatment for this patient was initiated during the patient's chronic pain period, that is, over 6 months after the injuries occurred. The provider does note slight improvement in perceived pain after the first group of approved chiropractic treatment but doesn't comment on improvements in function or reduction of work restrictions and doesn't note the number of treatments already given. Given all the above information, medical necessity for continue chiropractic care has not been established. The request is not medically necessary.