

Case Number:	CM15-0116805		
Date Assigned:	06/25/2015	Date of Injury:	03/13/2001
Decision Date:	07/31/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/17/2015

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: Chiropractor, Oriental 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 is a 51 year old male who sustained an industrial injury on 3/13/01. Diagnoses are subluxation, sacroiliac joint, subluxation, multiple cervical sites, subluxation due to injury, thoracic region, T1 to T12, subluxation due to injury, ankle and autonomic dysreflexia, status post lateral epicondyle fasciotomy and repair of ulnar nonunion with internal fixation and bone grafting-2/6/15. In a progress dated 2/27/15, the primary treating physician notes on 1/28/15 the injured worker reported his posterior neck pain was a 2/10, upper back pain as 1/10, lower back pain as 3/10, right ankle as 1/10, and left wrist as 3/10. On 2/3/15 he rated his posterior neck pain as 4/10, upper back pain as 1/10, lower back as 2/10, right ankle pain as 1/10, and left wrist as 3/10. On 2/27/15, he was evaluated to assess his response to care and rated his pain as posterior neck at 4/10, upper back at 1/10, lower back at 5/10, right ankle at 1/10 and his left wrist at 3/10. Flare ups on these dates are associated with routine activities. In a progress note dated 3/16/15, the physician reports the injured worker is doing better going to the chiropractor and that it helps him a lot and he has greater than 50-60% improvement in pain and function. The back pain is generalized, located on both sides and lumbar region and is described as aching, cramping, and spasmodic. The severity is moderate and fluctuates in intensity. He has radiation of pain to lower extremities bilaterally. Previous treatment includes opioids, Voltaren gel, physical therapy, home strengthening and stretching, and a diagnostic injection to the right shoulder on 3/16/15. The requested treatment is retrospective chiropractic manipulation, date of service 1-28-15, retrospective chiropractic manipulation, date of service 2-3-15, and retrospective chiropractic manipulation, date of service 2-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Chiropractic manipulation, DOS 1-28-15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

Decision rationale: The guideline recommends manual therapy and manipulation for chronic pain. The MTUS guidelines recommends 1-2 visits every 4-6 months if return to work is achieved with re-evaluation of treatment success for patients with a flare up. According to the progress report dated 2/27/2015, the patient reported pain in the posterior neck, upper and lower back, left wrist, and right ankle pain. Significant findings include tenderness in the cervical region, trapezius bilaterally, and thoracic region. The provider reported that the patient experienced flare up on 1/28/2015 and 2/03/2015, and 2/27/2015 with routine activities. In the progress report dated 1/21/2015, the provider reported that the patient experienced flare up on 1/19/2015 and 1/20/2015. It appears that the patient experience a flare up every 1-2 weeks. Based on the submitted document, there was no documentation that the patient missed work due to the flare up. The guideline recommends 1-2 visits every 4-6 months if the return to work is achieved with re-evaluation of treatment success for patient with a flare up. The guidelines do not recommend manipulation for maintenance care. In regards to this case, it is likely that the patient is receiving maintenance care due to the regular frequency of flare ups. Therefore, the provider's request for chiropractic manipulation performed on 1/28/2015 is not medically necessary at this time.

Retrospective Chiropractic Manipulation, DOS 2-3-15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

Decision rationale: The provider's request for chiropractic manipulation performed on 2/3/2015 is not medically necessary at this time. The guidelines do not support manipulation for maintenance care. The patient had regular flare up approximately every 1-2 weeks. In addition, there was no documentation that the patient was unable to work due to the flare up. The guideline recommends 1-2 visits if return to work is achieved with re-evaluation of treatment success in patients with flare-ups.

Retrospective Chiropractic Manipulation, DOS 2-27-15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

Decision rationale: The provider's request for chiropractic manipulation performed on 2/27/2015 is not medically necessary at this time. There was no documentation that the patient was unable to work due to the flare up. The guideline recommends 1-2 visits if return to work is achieved with re-evaluation of treatment success in patients with flare-ups. The guidelines do not support manipulation for maintenance care. The patient had regular flare up approximately every 1-2 weeks. It appears that the patient was receiving maintenance care based on the frequency of the flare-ups.