

Case Number:	CM15-0069826		
Date Assigned:	04/17/2015	Date of Injury:	04/11/1995
Decision Date:	05/19/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/13/2015

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 55 year old female, who sustained an industrial injury on 4/11/95. Initial complaints were not noted. The injured worker was diagnosed as having cervical, thoracic myofascial pain syndrome; cervical disc syndrome; lower extremity sprain/strain; injury of cervical and lumbar spine. Treatment to date has included chiropractic treatment. Currently, the PR-2 hand written notes dated 8/29/14 indicated the injured worker complains of constant neck pain. There was lumbar and sacroiliac pain, increasing on the right. The cervical range of motion (ROM) was reduced with pain in all ranges. The lumbar ROM was with pain on all extremities and on the left lateral. Kemp test was positive for pain in the extremities. There were spasms and tenderness at the right and left paraspinal. There was decreased mobility at C5-C6, and L4-L5 and S1. The provider requested Chiropractic treatment: twice (2x) per month for 3 months, for the neck and low back these were modified allowing 3 visits for the neck and back at Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment: twice (2x) per month for 3 months, for the neck and low back:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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 gains in functional improvement that facilitate 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. Provider requested additional 2X per month for 3 months for chiropractic sessions for cervical and lumbar spine which was modified to 3 by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, twice per month for 3 months are not medically necessary.