

Case Number:	CM14-0009028		
Date Assigned:	02/12/2014	Date of Injury:	04/18/1995
Decision Date:	06/23/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/23/2014

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 Chiropractic Sports Physician 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 was injured on 4/18/1995 in an industrial auto accident. He was also in another car accident on 3/22/1995. Both of these auto accidents exacerbated the injured workers pre-existing cervical and lumbar degenerative joint disease. According to the records he received physical therapy, medications and chiropractic care. This care continued until the case settled in approximately 2001. The injured worker was given an award and future medical care. Unfortunately the injured workers injuries continued to deteriorate over time. To date he has had three failed back surgeries and recently had a morphine pump inserted in to his body due to the severe pain. He also uses marijuana to help control the pain and drug induced nausea and vomiting. In 1998 the injured worker had a C5-C6 fusion. In 2000 he had a laminectomy and discectomy. In 2010 he had a fusion at L4-L5 and S1. On 9/6/2012 he had a CT scan of the spine verifying the above surgeries. In 12/3/2013 chiropractic PR-2 report the doctor states that the injured worker is getting a morphine pump, has difficulty swallowing, decreased taste and smell, spasm of the right quadriceps, claudicating, needs a cane, can't get into or out of the bathtub, can't care for himself impacting the ADLS overtly and injured worker may die due to current clinical condition. The chiropractor is requesting manipulation and physical therapy 1-3 visits for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF CHIRO-PHYSIOTHERAPY, THREE TIMES PER WEEK FOR 2 WEEKS, IN TREATMENT OF THE CERVICAL AND THORACIC STRAIN/SPRAIN:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Manual Therapy & M.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guideline Page(s): 58-59.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of chiropractic manipulation is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation for the low back is recommended as an option for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total up to 18 visits over 6 to 8 weeks. Elective/maintenance care-not medically necessary. Recurrences/flare-ups-need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The records do not show that manipulation has achieved positive symptomatic or objective measurable gains in functional improvement to the cervical, thoracic and lumbar spine. Therefore, the request for chiro-physiotherapy, 3 times per week of 2 weeks is not medically necessary and appropriate.