

Case Number:	CM14-0100551		
Date Assigned:	09/16/2014	Date of Injury:	04/13/2013
Decision Date:	11/20/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/30/2014

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 Licensed in Chiropractor and 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 58 year old female who reported low back, mid back and left knee pain from injury sustained on 04/13/13. MRI of the lumbar spine revealed disc desiccation at T12/L1 and L5-S1 with associated loss of disc height at L5-S1; modic type 2 end plate degenerative changes at L5, L1 and S1; multilevel diffuse disc herniation. Electrodiagnostic studies were unremarkable. Patient is diagnosed with HNP of lumbar spine; lumbar radiculopathy and HNP of thoracic spine. Patient has been treated with medication, therapy and chiropractic. Per medical notes dated 04/21/14, patient complains of increased mod back pain rated at 5/10 with radiation into the left knee. Patient has attempted chiropractic, but the adjustment caused some increased pain so she elected to hold off on further treatment. Per medical notes dated 07/07/14, patient complains of mid back and low back pain rated at 7/10. She is having burning, stabbing, cramping and numbness in her mid back. Patient had 3 sessions of chiropractic with minimal relief. Patient has tenderness to palpation and decreased range of motion. Provider is requesting additional 8 chiropractic sessions with the addition of thoracic and left knee. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Continued chiropractic rehabilitative therapy visits (adding the thoracic spine and left knee): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation for chronic pain.

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 gain sin 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 treatment. Per medical notes dated 04/21/14, patient attempted Chiropractic; but the adjustments caused some increased pain and she elected to withhold further treatment. Per medical notes dated 07/07/14, patient had 3 chiropractic sessions with minimal relief. There is no assessment in the provided medical records of functional efficacy with prior chiropractic visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per MTUS guidelines, 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. Furthermore the provider would like to add thoracic spine and left knee. Per MTUS guidelines Manipulation is not recommended for knee. Per guidelines and review of records, additional 8 chiropractic visits are not medically necessary.