

Case Number:	CM14-0140609		
Date Assigned:	09/10/2014	Date of Injury:	05/16/2014
Decision Date:	10/07/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/29/2014

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 Chiropractic and Acupuncture Services 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 female who reported mid back and low back pain from injury sustained on 05/16/14 after lifting a package out of work truck. MRI of the thoracic spine dated 07/15/14 revealed mild anterior compression deformity at T7, T8, T9, in addition T6-7 as well as T9-T10 small bulges without any compression of spinal cord. Patient is diagnosed with mid back pain, old compression deformity T7, T8, T9 and bulging disc at T9-10 and T6-7. Patient has been treated with medication, physical therapy and chiropractic. Per medical notes dated 07/31/14, patient continues to have mid back pain. Examination revealed decreased range of motion. Per medical notes dated 08/07/14, patient complains of mid back pain and decreased range of motion. No other medical records were provided for review. The request is for 2x8 Chiropractic visits. Per utilization review, patient has had 6 Chiropractic visits. There is no assessment in the provided medical records of functional efficacy with prior Chiropractic care. 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:

Chiro 2x8 (Low Back): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299. Decision based on Non-MTUS Citation Official Disability

Guidelines-Treatment for Worker's Compensation, Low Back procedure Summary last updated 7/3/14

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". Per utilization review, patient has had prior chiropractic treatments. Medical records lack documentation of any objective functional improvement with prior Chiropractic care. There is no assessment in the provided medical records of functional efficacy with prior Chiropractic care. 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 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. Per review of evidence and guidelines, 2X8 Chiropractic visits are not medically necessary.