MAXIMUS Federal Services

Case Number:	CM14-0074096		
Date Assigned:	07/16/2014	Date of Injury:	05/21/2013
Decision Date:	09/19/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/21/2014

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 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 patient is a 43-year-old male who injured his mid-back, lower back and right lateral body on 5/21/2013 because of twisting and falling hard onto his lower back and right side as he was attempting to avoid landing on a metal irrigation pipe, per the QME report. Per the QME report the subjective complaint are listed as "lumbar spine 7/10 intensity central low back pain that comes and goes, thoracic spine 5/10 intensity mid thoracic pain at about T7/8 and near the right inferior scapular angle that comes and goes and right posterior thorax lateral chest wall 5/10 intensity pain in the right posterior lateral thorax following 7-9 ribs to the axillary area and slightly onto the right lateral anterior chest wall in soft tissues that also comes and goes." Patient has been treated with medications, physical therapy, and chiropractic care. Diagnoses assigned by the PTP are listed as lumbosacral strain, moderate thoracic/chest strain and cervical strain. The MRI studies of the low back do not show disc herniation but do show evidence of mild lumbar scoliosis with L3/4 and L4/5 mild disc dessication and facet arthropathy. The PTP is requesting 6 additional chiropractic sessions to the neck, upper back and low back with e-stimulation and manual therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient office visit x 6 (chiropractic manipulations, manual therapy and e-simulation to the cervical, thoracic and lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Manipulation, Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back and Low Back Chapters, Manipulation Section.

Decision rationale: The QME has opined that 6 additional sessions of chiropractic care are reasonable and appropriate, however there must be evidence of objective functional improvement and re-evaluations to support the effectiveness of chiropractic care, manual therapy and e-stimulation per MTUS.MTUS ODG Neck and Low Back Chapters for Recurrences/flare-ups states :"Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The QME eludes to improvement with chiropractic care however, the records provided by the primary treating chiropractor do not show objective functional improvements with the prior chiropractic treatments rendered. There are no objective findings listed in the illegible and brief treatment notes. I find that the 6 chiropractic sessions requested to the cervical, thoracic and lumbar spine with manual therapy and e-stimulation to not be medically necessary and appropriate.