

Case Number:	CM14-0192230		
Date Assigned:	11/25/2014	Date of Injury:	11/12/1986
Decision Date:	01/26/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/17/2014

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 Chiropractor (DC), 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 claimant is a 53-year-old male who was involved in a work injury on 11/12/1986 in which he injured his neck and back. In January 2013 the claimant underwent cervical spine interbody fusion surgery from C5 through C7 and in November 2014 underwent lumbar surgery. This was followed by a course of postoperative therapy. The claimant is currently under the care of [REDACTED], for ongoing neck and back pain. The claimant is also receiving Chiropractic Treatment. On 1/16/2014 the claimant was reevaluated by [REDACTED] for complaints of continued neck and lower back pain. The claimant was diagnosed with cervical spondylosis and cervical spine stenosis. The recommendation was for continued physical therapy and continued Chiropractic Treatment. On 3/14/2014 [REDACTED] reevaluated the claimant for continued neck and lower back pain. It was noted that the claimant is pending authorization for lumbar spine surgery. An RFA was submitted requesting continued physical therapy and Chiropractic Treatment. On 4/30/2014 [REDACTED] reevaluated the claimant for continued lower back pain at 9/10. The recommendation was for continued Chiropractic Treatment and lumbar surgery. On 5/20/2014 the provider received authorization for lumbar fusion surgery. A follow-up authorization letter from the insurance company dated 10/16/2014 indicated that the scheduled date of inpatient surgery was 11/11/2014. On 10/16/2014 the provider submitted a request for continued Chiropractic Treatment at 3 times per week for 4 weeks for the lumbar spine. The requested 12 Chiropractic Treatments were denied by peer review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment; Twelve (12) Visits (Three Times Four): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manipulation section Page(s): 58.

Decision rationale: The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." This claimant received Chiropractic Treatment as far back as December 2013 for the lumbar spine with no evidence of improvement. Subsequent evaluations in January, March, and April 2014 resulted in request for Chiropractic Treatment. It is clear by the absence of documented functional improvement that the Chiropractic Treatment was no longer efficacious. This resulted in a request for lumbar fusion surgery. The surgery was scheduled for 11/11/2014. This clearly indicates that the prior course of Chiropractic Treatment was not efficacious. Therefore, given the absence of documented functional improvement as a result of the ongoing Chiropractic Treatment and consistent with MTUS guidelines, the medical necessity for the requested 12 Chiropractic Treatments was not established.