MAXIMUS Federal Services

Case Number:	CM14-0193554		
Date Assigned:	12/01/2014	Date of Injury:	08/30/1990
Decision Date:	01/26/2015	UR Denial Date:	10/19/2014
Priority:	Standard	Application Received:	11/18/2014

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), has a subspecialty in ENTER SUBSPECIALTY 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:

This 71 year old male sustained a work related injury on 08/30/1990. According to a Doctor's First Report of Injury, the injury occurred when he felt his back and neck pop while picking up a box full of broken glass juice bottles. He felt his eye slightly blurry also. He complained of low back pain constant minimal to severe and mid-back pain constant minimal to severe. Physical examination revealed lumbar range of motion flexion 24" away from the floor with more low back pain than mid-back pain of "8", extension 10/25 with low back pain of 7, right and left rotation 25/30 with low back pain of 7, right and left lateral flexion 15/25 with low back pain of 9, paravertebral muscle spasms noted C6/T4 and L1/sacral, tenderness upon palpation noted C6/T5 and L1/coccyx, bilateral upper trapezius and scapular tenderness and positive Kemp's test with bilateral lower back pain of "8". Diagnoses included lumbosacral sprain/strain and thoracic sprain/strain. Plan of care included chiropractic manipulation, electrical muscle stimulation and intersegmental traction 2 times per week for 3 weeks to control flare-up. According to the provider, the injured worker denied any new injuries and had symptoms that were related to the 08/30/1990 injury. As of an appeal letter from the provider dated 10/27/2014, the provider noted that he had not seen the injured worker for over 22 years. The claimant was under the care of [redacted], in the interim for treatment of chronic back complaints. X-rays of the thoracic and lumbar spine were ordered to rule out any finding that would contraindicate or limit chiropractic adjustments. According to the provider chiropractic treatments were ordered to control pain and that the injured worker confirmed on10/23/2014 that he came in for treatment to control a significant insidious flare-up causing mid-back pain and low back pain that at times could be minimal but with frequency would be severe. With this flare-up he was noted to be functionally limited with his activities of daily living included dressing, bathing and activities that involved

standing, walking, sitting, bending and heavy lifting. The requested 6 treatments were denied by peer review. On 10/27/2014 the provider submitted an appeal letter. In this letter the provider stated that the claimant has received 5 of the requested 6 treatments that the claimant "has been able to resume ADL" as a result. On 10/19/2014 Utilization Review non-certified chiropractic therapy 2x3 to the thoracic spine as an outpatient that was requested on 10/07/2014. According to the Utilization Review Physician there was no indication of any new injury or new exacerbation that would require additional care at this late date. There was no indication that the injured worker was having any significant pain currently in his thoracic spine. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six Chiropractic Therapy Sessions twice a week for three weeks for the thoracic spine: Overturned

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 rationale for the denial was that "there is no documentation indicating a specific flare-up" and that there "is no indication of what level of pain the claimant is currently complaining of." The reviewer further indicates that "the documentation does not support a new or acute injury or exacerbation." A review of the doctors 1st report indicated pain levels of 7-9/10 on the visual analogue scale. There were also multiple positive orthopedic tests indicative of mechanical lower back pain. Given the clinical findings on examination a course of chiropractic treatment could be considered appropriate. The claimant has received chiropractic treatment in the past with reported benefit. Moreover, in the provider's appeal letter he indicated that following completion of 5 of the requested treatments that the claimant noted overall improvement in activities of daily living. Therefore, consistent with MTUS guidelines, the medical necessity for the requested 6 chiropractic treatments was established; therefore, the request is medically necessary.