MAXIMUS Federal Services

Case Number:	CM14-0197153		
Date Assigned:	12/05/2014	Date of Injury:	02/27/2014
Decision Date:	01/22/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/24/2014

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 therapy, 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 is a 52-year-old male with a work related history dated February 27, 2014. In the pain management physician's visit dated October 15, 2014, the worker complained of low back pain radiating to the bilateral lower extremity, right greater than the left. The worker also complained of pain in the neck with headache and radiating down the bilateral upper extremity left greater than the back. Pain in the low back was rated six on a scale of ten and six in the neck, both rated level with pain medications. Physical exam was remarkable for tenderness and spasm over the cervical and lumbar spine with decreased range of motion. Diagnoses at this visit included headache, cervical radiculopathy, cervical sprain/strain and insomnia. On October 7, 2014, the chiropractor reflected the worker was experiencing severe neck numbness, sharp, sore and tight that was rated an eight, constant severe low back pain that was also numb, sharp, tight and aching with a rating of eight. The worker was also experiencing increased tension, nervousness, poor concentration, headaches, sleeplessness, fatigue, irritability and anxiety. Diagnoses documented as this visit included cervical and lumbar sprain/strain with multi-level IVD, radiculitis, myofascitis, exposure to chemicals, lumbar retrolisthesis and multi-level degenerative joint disease. At this visit, the physician recommended continued pain management, continued chiropractic treatments one time a week for four weeks, continue home exercise program, topical pain creams and psychosocial evaluation. Work status at this visit was for modified duty with no lifting over ten pounds, limited stooping and bending. Per the documentation submitted from October 7, 2014 through November 11, 2014, range of motion has not significantly improved. On October 7, 2014 lumbosacral range of motion was flexion on the right 70 degrees and 20 degrees on the left, lateral flexion was 20 on both the left and right, rotation 20 degrees on the right and left. The cervical spine flexion and extension was 50, lateral flexing 30 on the left and right and rotation on the right 70 degrees and 80 on the left. On November 11, 2014,

lumbosacral range of motion was flexion on the right 70 degrees and 30 degrees on the right, lateral flexion was 15 on both the left and right, rotation 20 degrees on the right and left. The cervical spine flexion and extension was 50, lateral flexion 30 on the left and right and rotation on the right 80 degrees and 80 on the left. The utilization review decision dated October 30, 2014 non-certified the request for four chiropractic visits over four weeks. The rationale given was based on the California MTUS that states chiropractic therapy is recommended as an option and is recommended for a trial of six visits over two weeks and with evidence of objective functional improvement for a total of 18 visit over six to eight weeks. Since this was a continuation of chiropractic therapy, the documentation should support the number of visits received and the response to that treatment. Since this information was not provided in the documentation, the medical necessary for this request could not be determined and was therefore non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chiropractic to the lumbar spine, 1 times per week over 4 weeks (1 x 4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Per utilization review, patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 4 chiropractic treatments. 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, 4 Chiropractic visits are not medically necessary.