MAXIMUS Federal Services

Case Number:	CM14-0207443		
Date Assigned:	12/19/2014	Date of Injury:	07/03/2003
Decision Date:	02/24/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 45year old male with an injury date on 07/03/2003. Based on the 11/15/2014 hand written "treatment summary" report provided by the treating physician, the diagnoses are:1. Cervical Spine Subluxation 2. Cervical Spine Degen. Disc. Disease 3. Lumbar Spine Subluxation 4. Sciatic Neuralgic. According to this report, the patient complains of neck and low back pain. Per the treating physician, the patient's disability status is "chiropractic treatment gives him releif [relief] from neck and low back pain, and increased his range of motion. This enables him to perform his regular activities of daily living and had a more normal life." Physical exam findings were not provided in the report. The 10/29/2014 report indicates "PCLCC consistent with intermittent periods of anxiety, sleep stable." Pain is rated as a 2.5/10, Gym program effective. The treatment plan is "Interferential Therapy, Lumbar spine flexion/ distraction, manual cervical traction, Chiropractic manipulative therapy biweekly for 3 month." There were no other significant findings noted on this report. The utilization review denied the request for Chiropractic treatment x6 on 11/25/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/30/2014 to 12/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58 and 59; 8.

Decision rationale: According to the 11/15/2014 report, this patient presents with of neck and low back pain. The current request is for chiropractic treatment x 6. The Utilization Review denial letter indicates that the treating physician responded to the 11/21/14 request for additional information, and "reported that the patient had 18 chiropractic sessions to date in 2014." Regarding chiropractic manipulation, MTUS recommends it as an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/ flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In reviewing the medical reports provided, the treating physician indicates that the patient has had 18 visits in 2014; which gives patient pain relief. MTUS guidelines allow up to 18 sessions of chiro treatments following initial trial of 3-6. In this case, the requested 6 visits exceed what is allowed by the MTUS guidelines. However, if the patient has a recurrences/ flare-ups of symptoms, a short course of therapy of 1 to 2 visits every 4 to 6 months may be reasonable but there is no such discussion provided in the reports. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. The request is not medically necessary.