MAXIMUS Federal Services

Case Number:	CM15-0000659		
Date Assigned:	01/12/2015	Date of Injury:	05/18/2009
Decision Date:	04/07/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 injured worker is a 49-year-old female, who sustained an industrial injury on 5/18/2009. She has reported previous symptoms of chronic low back and leg pain. The diagnoses have included lumbar strain/sprain, post laminectomy syndrome lumbar region, neuralgia neuritis and radiculitis and other acquired deformity of ankle and foot. Treatment to date has included diagnostics, medications, surgeries and psychologist sessions. Currently, as per the primary treating physician PR2 dated 12/11/2014, the IW complains of pain in neck, low back and left foot with pain described as radiating. She complains of flare ups of pain with the cold weather. She is unable to drive and ambulates with a single point cane. It is difficult to perform household chores. The medications allow her to perform at a very minimum community ambulation and socialization. She admits to anxiety due to the pain. The physical exam revealed that the gait is antalgic, anterior lumbar flexion causes pain, left lower extremity knee flexion is 3 minus out of 5 and there is left leg hyposthesia. The IW has had 2 lumbar surgeries in the past with most recent done on 1/10/13 which resulted in post lumbar syndrome and left foot drop. The current medications include norco, oxycontin, amytriptyline, topamax and valium. The urine toxicology done on 10/15/14 is consistent with the prescribed medications. There was no previous chiropractor sessions noted. On 12/18/14 Utilization Review non-certified a request for chiropractic x 8 sessions, noting the documentation provided do not include any reference to the prescribing of this physical medicine modality; hence the medical necessity for the initiation or continuation of chiropractic treatment cannot be established based upon the clinical guidelines and/or clinical data submitted. The MTUS Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x8 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manuel therapy and Manipulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic therapy.

Decision rationale: Pursuant to the Official Disability Guidelines, chiropractic eight sessions is not medically necessary. Chiropractic sessions (manipulation) is recommended for chronic pain is caused by musculoskeletal conditions, only when manipulation is specifically recommended by the provider in the plan of care, if also recommended as an option in the low back chapter and neck chapter. Treatment to the low back, neck and upper back is recommended as an option. The Official Disability Guidelines enumerate the frequency and duration for chiropractic care. Therapeutic care mild-up to six visits over two weeks. Therapeutic care severe-trial of six visits over two weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks maybe necessary, if acute, avoid chronic care. Elective/maintenance care is not medically necessary. Recurrence/flare-ups to evaluate treatment success, if returned to work is achieved than 1 to 2 visits every 4 to 6 months when there is evidence of significant functional limitations on examination that are likely to respond to repeated chiropractic care. In this case, the injured worker's working diagnoses are failed back syndrome; unspecified neuralgia/neuritis and radiculitis; and other acquired deformity of the ankle and foot. Subjectively, the injured worker complains of low back pain and left leg pain. Objectively, motor strength is grossly normal except the left lower extremity at the knee (3/5). There is pain and tenderness with range of motion. The documentation from a July 24, 2014 progress note indicates the injured worker had four sessions of chiropractic treatment approved for the low back. The documentation is unclear as to the total number of chiropractic sessions. The initial chiropractic rehabilitation report, dated August 24, 2014, did not contain evidence of objective functional improvement within the body of the report. The guidelines indicate therapeutic care for severe symptoms/signs may have a trial of six visits over two weeks. With evidence of objective functional improvement a total of 18 visits over 6 to 8 weeks may be appropriate. The documentation does not reflect whether or not there was objective functional improvement with the initial sessions of chiropractic treatment. Additionally, the guidelines do not recommend chiropractic care chronic conditions. The date of injury is May 18, 2009 of his 49-year-old woman. The documentation does not state this is a flare-up or an acute exacerbation. Consequently, absent clinical documentation to support the ongoing use of chiropractic care without evidence of objective functional improvement in the chronic setting, chiropractic eight sessions is not medically necessary.