MAXIMUS Federal Services

Case Number:	CM15-0137026		
Date Assigned:	07/27/2015	Date of Injury:	04/22/2007
Decision Date:	09/01/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/15/2015

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
Certification(s)/Specialty: Chiropractor

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 58 year old male, who sustained an industrial injury on 4/22/2007. He reported a slip and fall onto the left knee. Diagnoses include lumbar sprain/strain with disc herniation, stenosis, radiculopathy, bilateral carpal tunnel syndrome; status post left knee surgery x2. Treatments to date include medication therapy, physical therapy, therapeutic injections, and chiropractic therapy. Currently, he complained of low back pain. On 5/5/15, the physical examination documented no acute lumbar spine physical findings. The provider documented the MRI findings on the prescription for chiropractic therapy. The appeal requested authorization of eight chiropractic therapy sessions, twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, Low Back, 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines the MTUS chronic pain treatment guidelines, 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" Page(s): 58.

Decision rationale: On 1/20/2015 the claimant was evaluated by [redacted] for complaints of neck, back, and knee pain. The recommendation was for 8 chiropractic treatments. On 2/16/2015 the claimant began a course of chiropractic treatment under the direction of [redacted]. On 2/23/2015 the claimant complained of neck, back, knee, and feet pain at 8/10. On 3/2/2015 a chiropractic re-examination was performed. The claimant continued to note pain levels of 8/10. On 3/16/2015 a chiropractic re-examination revealed continued pain levels of 9/10 with no improvement. An interim exam was performed on 4/20/2015. Pain level was noted to be 7/10 with “no improvement” following the course of chiropractic treatment. On 5/5/2015 [redacted] reevaluated the claimant for continued pain levels of 8-9/10 on the visual analogue scale. The request was for 8 additional treatments. This request was denied based on the absence of functional improvement noted as a result of the initial course of care. There is nothing submitted in this appeal that would dispute this finding. The claimant began with pain levels of 8/10 on the visual analogue scale in February 2015. By 5/5/2015 the claimant noted continued pain levels of 8-9/10. There is no evidence of subjective, objective, or functional improvement as a result of the chiropractic treatment rendered to date. Therefore, given the absence of documented functional improvement and consistent with MTUS guidelines, the medical necessity for the requested 8 additional treatments was not established. The request is not medically necessary.