MAXIMUS Federal Services

Case Number:	CM15-0147621		
Date Assigned:	08/10/2015	Date of Injury:	02/26/2001
Decision Date:	09/17/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/29/2015

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 67 year old female with an industrial injury dated 02-26-2001. The injured worker's diagnoses include chronic low back pain with history of laminoforaminotomy and discectomy, right lumbar radiculopathy, lumbar degenerative disc disease and lumbar facet arthropathy. Treatment consisted of diagnostic studies, prescribed medications, lumbar epidural steroid injection (ESI), facet injections, trigger point injections, physical therapy, acupuncture therapy, chiropractic treatment and periodic follow up visits. In a progress note dated 06-26-2015, the injured worker reported low back pain rated a 4 out of 10 with medications and a 7 out of 10 without medications. Objective findings revealed right sided slowed antalgic gait, limited range of motion due to pain, bilateral tight muscle bands and lumbar spinous tenderness. Physical exam also revealed decreased sensation over medial right foot, decreased bilateral knee and ankle deep tendon reflexes and positive straight leg raise on the right. The treatment plan consisted of medication management and chiropractic treatment. The treating physician requested services for 12 sessions of chiropractic therapy treatment to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy treatment to the lumbar spine for 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy Page(s): 58-59.

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

Decision rationale: The claimant completed 7 sessions of chiropractic treatment from 10/16/2014 through 1/13/2015. A reevaluation was performed on 2/6/2015 it was time pain levels with medication were noted to be 3/10 and 6/10 on the visual analogue scale without medication. The claimant continued with medication. On 4/3/2015 the claimant was reevaluated with pain levels of 2.5/10 with medication and 5.5 without medication. On 4/3/2015 the claimant was reevaluated and noted the same subjective findings. On 5/29/2015 the claimant was reevaluated and noted pain levels of 1.5/10 with medication and 4/10 without medication. The assessment was that the claimant has had treatment for her back pain with lumbar epidural steroid injections, facet injections, trigger point injections, physical therapy, acupuncture, and chiropractic treatment. Of all these treatments acupuncture has been the most beneficial allowing her to bear weight and lay on the right side. She had 6 sessions last year. She has had bilateral L4-5 microdiscectomy and micro laminoforaminotomy. The recommendation was for continued medication. On 6/26/2015 the claimant was reevaluated and noted pain levels of 4/10 with medication and 7/10 without any medication. The recommendation was for 12 chiropractic treatments. The medical necessity for the requested 12 chiropractic treatments was not established. The requested 12 treatments exceed medical treatment utilization schedule guidelines. Moreover, there is no evidence of functional improvement as a result of the previous course of chiropractic treatment from 10/16/2014 through 1/13/2015. In addition, there was no evidence of significant increase of the pain complaints following completion of the chiropractic treatment. The 2/6/2015 progress note indicated pain levels of 3/10 with medication and 6/10 without medication. The findings on the 6/25/2015 examination were not significantly worse than those findings immediately following the course of chiropractic treatment. Therefore, the medical necessity for the requested 12 chiropractic treatments is not medically necessary.