MAXIMUS Federal Services

Case Number:	CM15-0162690		
Date Assigned:	08/31/2015	Date of Injury:	04/29/1993
Decision Date:	10/09/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/19/2015

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: Chiropractic

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 65 year old female, who sustained an industrial injury on 4-29-1993. The injured worker was diagnosed as having lumbar discogenic pain with radiculopathy, history of left shoulder and bilateral knee surgery, and entrapment syndrome, left femoral triangle. Treatment to date has included diagnostics, multiple orthopedic surgeries, epidural steroid injections, chiropractic, physical therapy, home exercise, and medications. Currently (8-04-2015), the injured worker complains of a fall onto her hands and buttocks on 7-24, aggravation of her low back and lower extremities, due to her leg giving out. Her left shoulder was also injured. She was taking numerous medications. She was using a walker for ambulation. Pain was not rated. A review of symptoms was positive for insomnia, asthma-coughing, diarrhea, nausea, and depression. The treatment plan included 6 chiropractic visits to restore range of motion and manage pain. A chiropractic progress report (3-25-2015) noted completion of 4 authorized sessions. Additional sessions x2 were requested on 5-26-2015, noting her last appointment was on 4-21-2015. The PTP is requesting 6 additional sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of chiropractic treatment to include manipulation, examination, manual traction, massage, electric stimulation, traction and therapeutic activities including exercise: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 146-147, 300, 308,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation/MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Manipulation.

Decision rationale: The patient has received chiropractic care for her lumbar spine injury in the past. The year of injury is 1993. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. The treatment records submitted for review show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement 1-2 sessions over 4-6 months. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." Although there has been objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed, the 6 requested sessions far exceed the 1-2 sessions recommended by The MTUS and ODG. I find that the 6 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.