MAXIMUS Federal Services

Case Number:	CM15-0163268		
Date Assigned:	08/31/2015	Date of Injury:	10/05/2010
Decision Date:	10/27/2015	UR Denial Date:	07/31/2015
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: 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:

This man sustained an industrial injury on 10-5-2010. The mechanism of injury is not detailed. Diagnoses include chronic myofascial sprain-strain of the thoracic and lumbosacral spine, lumbosacral degenerative disc disease, and left ankle sprain. Treatment has included oral medications. Physician notes dated 6-3-2015 show complaints of mid and low back and left foot pain rated 7-8 out of 10. The worker rates his pain 9-10 out of 10 without medications and 6 out of 10 with medications. The physical examination shows spinal tenderness on palpation with stiffness, no muscle spasms, painful range of motion, left ankle tenderness, painful range of motion, and functional gait. Recommendations include urine drug screen chiropractic care, continue home exercise program, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 6x sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The medical necessity for the requested 6 chiropractic treatments was not established. The claimant had undergone chiropractic treatment in the past with reported overall improvement. The peer review indicates that the claimant "has completed 8 sessions (of chiropractic care) as of 5/21/2013." The 4/23/2013 evaluation report from [redacted], indicated pain levels of 6/10 with medication and 10/10 without medication. The 5/10/2013 follow-up evaluation noted pain levels of 7-8/10 with medication and 10/10 without. Following completion of the chiropractic care, the claimant was reevaluated on 6/3/2015. The report indicates that the claimant noted lower back pain at 6/10 with medication and 9/10 without medication. On 6/7/2013, the claimant was reevaluated for complaints of low back pain at 6-10/10 and averaging about 7-8/10. There was no indication of any improvement because of the chiropractic treatment rendered. The claimant then returned on 6/3/2015 complaining of back pain at 6/10 with medication and 9/10 without medication. This clearly indicates an absence of functional improvement because of the chiropractic treatment rendered in 2013. It also indicates no significant deterioration of the claimant's condition over the past 2 years. Therefore, given the absence of functional improvement because of the previous course of chiropractic treatment, it is unlikely that additional treatment now 2 years later will provide any significant additional benefit. Therefore, the medical necessity for the requested 6 additional chiropractic treatments was not medically necessary.