MAXIMUS Federal Services

Case Number:	CM15-0167873		
Date Assigned:	09/08/2015	Date of Injury:	10/03/2013
Decision Date:	10/13/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/26/2015

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: Utah, Arkansas
Certification(s)/Specialty: Family Practice, Sports 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:

This 66 year old male sustained an industrial injury to the neck and back on 10-3-13. Recent treatment consisted of chiropractic therapy. Documentation did not disclose the number of chiropractic therapy sessions. Electromyography and nerve conduction velocity test of bilateral lower extremities (3-10-15) showed L5-S1 radiculopathy. In a PR-2 dated 8-12-15, the injured worker complained of ongoing neck and back pain. The injured worker reported receiving palliative benefit for chiropractic therapy. Physical exam was remarkable for a continued decrease in lumbar spine and cervical spine range of motion with muscular guarding present throughout the paracervical, parathoracic and paralumbar musculature. The physician noted that lumbar magnetic resonance imaging (undated) showed multilevel disc herniations with disc protrusion at L5-S1. Cervical spine magnetic resonance imaging showed multilevel disc herniations with a protrusion at C5-6. Current diagnoses included cervical discogenic pain syndrome, thoracic spine sprain and strain and lumbar spine discogenic pain syndrome. Past medical history was significant for hypertension and diabetes mellitus. The treatment plan included continuing chiropractic therapy twice a week for four weeks and a referral to an orthopedist for evaluation and treatment. On 8-20-15, Utilization Review noncertified a request for chiropractic therapy twice a week for four weeks noting lack of documentation of objective functional improvement from previous therapy. Utilization Review noncertified a request for orthopedic evaluation and treatment noting lack of documentation of persistent, severe, disabling neck, shoulder or arm symptoms for more than one month or extreme progression of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, cervical & lumbar spine, 2 times a week for 4 weeks (8 sessions): Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck/Upper Back Chapter.

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

Decision rationale: MTUS guidelines state the following: Manual Therapy and Manipulation recommendations. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended: Low back: Recommended as an option. ODG recommends up to 18 sessions of chiropractics with evidence of objective functional improvement after 6 sessions. Chronicity should be avoided. According to the clinical documentation provided and current MTUS guidelines; Chiropractic manipulative treatment is indicated a medical necessity to the patient at this time.

Orthopedic eval/treatment: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Orthopedic consultation. MTUS guidelines state the following: consultation is indicated, when there are red flag findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The clinical documents state that the patient has orthopedic defects, which would warrant a referral. According to the clinical documentation provided and current MTUS guidelines; Orthopedic consultation is indicated as a medical necessity to the patient at this time.