MAXIMUS Federal Services

Case Number:	CM15-0190675		
Date Assigned:	10/02/2015	Date of Injury:	02/21/2015
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/28/2015

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 24-year-old female, who sustained an industrial injury on 2-21-15. The injured worker is being treated for sprain-strain of lumbosacral spine and sprain-strain of thoracic spine. X-rays of lumbar spine performed on 9-3-15 revealed loss of lordosis suggestive paraspinal spasms with no other abnormalities. Treatment to date has included medications including Etodolac ER 600mg and Orphenadrine ER 100mg, 6 physical therapy visits and 12 chiropractic therapy visits (without documentation of functional improvement) and activity modifications. On 9-3-15, the injured worker complains of continued mid and low back pain described as sharp, pins and needles with radiation to shoulders. She notes the pain is relieved with icing and resting. Work status is noted to be modified duties. Physical exam performed on 9-3-15 revealed tenderness to palpation of lumbosacral juncture and thoracolumbar region with painful and restricted range of motion. On 9-8-15, a request for authorization was submitted for 12 additional chiropractic visits to include mid and low back. On 9-17-15 request for 12 chiropractic visits was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 12 for the Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. 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 past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date is reported to be 12. Regardless, the treatment records submitted for review do not 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. 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." There have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The 12 additional sessions requested far exceed The MTUS recommended number. I find that the 12 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.