MAXIMUS Federal Services

Case Number:	CM15-0196895		
Date Assigned:	10/12/2015	Date of Injury:	11/16/2012
Decision Date:	12/01/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/06/2015

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 male with an industrial injury dated 11-16-2012. A review of the medical records indicates that the injured worker is undergoing treatment for C3-C4 disc protrusion with moderate central canal stenosis, C4-C5 2mm disc protrusion, C5-C6 3mm disc protrusion, L3-S1 4mm disc protrusion, L2-L3 3mm disc protrusion, chronic L5-S1 nerve root irritation, right hip sprain and strain and lumbar radiculopathy. According to the progress note dated 09-03-2015, the injured worker presented for follow up evaluation for cervical spine, lumbar spine, right hip and left leg injury. Pain level was 8-9 out of 10 on a visual analog scale (VAS). Objective findings (06-25-2015 to 09-03-2015) for lumbar spine revealed active forward flexion to 50 degrees, extension to 10 degrees and right and left lateral flexion to 15 degrees. Treatment has included MRI of cervical spine on 5-20-2013, Electromyography (EMG) nerve conduction study 01-16-2013, MRI of lumbar spine dated 12-21-2012, prescribed medications, 12 chiropractic treatments and periodic follow up visits. The treatment plan included additional chiropractic treatments, medication management and return to work with modified work restrictions. The treating physician prescribed services for additional six (6) sessions of chiropractic care-physiotherapy to the lumbar spine and core 2 times a week for 3 weeks. The utilization review dated 09-23-2015, non-certified the request for six (6) sessions of chiropractic care-physiotherapy to the lumbar spine and core 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) sessions of chiropractic care/physiotherapy to the lumbar spine and core 2 times a week for 3 weeks: Upheld

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

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

Decision rationale: The claimant presented with chronic neck and low back pain. Previous treatments include medications, injections, physical therapy, and chiropractic. According to the available medical records, the claimant has completed 12 chiropractic visits to date. However, there is no evidence of objective functional improvement, there is no change in subjective and objective findings, and there is no change in medication intake. Based on the guidelines cited, the request for additional 6 chiropractic visits is not medically necessary.