MAXIMUS Federal Services

Case Number:	CM15-0201806		
Date Assigned:	10/16/2015	Date of Injury:	04/29/1999
Decision Date:	12/01/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/14/2015

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 73-year-old female, who sustained an industrial injury on 4-29-1999. The injured worker was diagnosed as having osteoarthrosis, unspecified whether generalized or localized, lower leg, pain in joint, lower leg, degeneration of lumbar or lumbosacral intervertebral disc, and lumbago. Treatment to date has included diagnostics, unspecified chiropractic in 1999, multiple orthopedic surgeries, physical therapy, and medications. On 8-27-2015, the injured worker complains of constant pain in her bilateral knees and lumbar spine, "unchanged since previous visit". She was currently retired. Objective findings included unspecified limited range of motion and the use of crutches for ambulation. X-rays of the bilateral knees showed "no increase of osteoarthritis" and x-rays of the thoracic and lumbar spine showed "loss of lumbar lordosis". Physical therapy was recommended for the lumbar spine and bilateral knees to increase range of motion and help with activities of daily living, along with chiropractic therapy to correct imbalances. She was prescribed Celebrex. The treatment plan included additional chiropractic therapy for the lumbar spine, 2x6, non-certified by Utilization Review on 9-11-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy 2 x 6 weeks for the Lumbar Spine: 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 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 not present in the materials provided. The total number of chiropractic sessions provided to date is unknown and not specified in the records provided for review. 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 has been no objective functional improvements with the care in the past per the treating physician's (MD) progress notes reviewed. I find that the 12 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.