MAXIMUS Federal Services

Case Number:	CM15-0203366		
Date Assigned:	10/20/2015	Date of Injury:	11/12/2000
Decision Date:	12/01/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/15/2015

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:

This is a 55 year old female who sustained an industrial injury on 11-12-2000. A review of the medical records indicates that the injured worker is undergoing treatment for displacement of intervertebral disc, site unspecified, without myelopathy, thoracic and lumbar spondylosis without myelopathy and lumbosacral sprain. Per the progress report dated 7-14-2015, the injured worker reported an exacerbation of her mid-back. She stated that chiropractic treatment helped. According to the progress report dated 9-2-2015, the injured worker reported improvement of the left paraspinal area after trigger point injections. It was noted that she continued to respond to the self-procured chiropractic treatment and massage. Per the treating physician (9-2-2015), the injured worker was currently working. Objective findings (9-2-2015) revealed right greater than left thoracic paraspinal spasm. There was mild T6-T8 tenderness. There was myofascial tightness. Treatment has included steroid injection to hip, trigger point injections, chiropractic treatment and medications (Relafen and Avinza). The request for authorization was dated 9-17-2015. The original Utilization Review (UR) (9-22-2015) denied a request for additional chiropractic treatment-myofascial release x6 visits for thoracic and lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic treatment/myofacial release x 6 visits for thoracic and lumbar:
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 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 date of injury is 11-12-2000. 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 recommend 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 PTP's (MD) progress notes reviewed. The requested 6 additional sessions far exceed The MTUS recommendations for a flare-up. I find that the 6 additional chiropractic sessions requested to the lumbar spine is not medically necessary and appropriate.