MAXIMUS Federal Services

Case Number:	CM15-0208242		
Date Assigned:	10/27/2015	Date of Injury:	11/09/2013
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/22/2015

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, Minnesota
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 44 year old female, who sustained an industrial injury on 11-9-13. Medical records indicate that the injured worker is undergoing treatment for cervical radiculitis, regional myofascial pain syndrome of the neck and shoulder girdle and lumbar radiculopathy. The injured worker is currently working with modified duties. On (10-5-15) the injured worker complained of neck and low back pain. Examination of the cervical and lumbar spine revealed paravertebral tenderness, spasm, a tight muscle band and trigger points with a twitch response on both sides. Cervical range of motion was decreased and painful. A straight leg raise test was negative. Subjective objective findings regarding the knee was not provided. The injured worker ambulated without a device with a normal gait. Treatment and evaluation to date has included medications, physical therapy, chiropractic treatments (2013), acupuncture treatments, psychological pain assessment and a home exercise program. A progress note dated 7-30-15 notes that chiropractic treatments were temporarily helpful. The treating physician noted that the injured workers knee pain is exacerbating her back pain and chiropractic treatments were recommended. Current medications include Ibuprofen, cyclobenzaprine, Tramadol and Celebrex. The Request for Authorization dated 10-5-15 requested chiropractic treatments #6 to the cervical and lumbar spine. The Utilization Review documentation dated 10-13-15 non-certified the request for chiropractic treatments #6 to the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the cervical and lumbar (6 treatments): Overturned

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (and neck) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested 6 chiropractic sessions for the lumbar and cervical spine (2x3 not 1x6). The request for treatment (6 visits) is according to the above guidelines (6 visits) and therefore the treatment is medically necessary and appropriate. In order for the patient to receive more treatment after these 6 approved visits, the doctor must document objective functional improvement.