MAXIMUS Federal Services

Case Number:	CM15-0030181		
Date Assigned:	02/23/2015	Date of Injury:	06/14/1988
Decision Date:	04/08/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/18/2015

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 56 year old female, who sustained an industrial injury on 6/14/1988. The diagnoses have included brachial neuritis or radiculitis. Treatment to date has included chiropractic adjustments, heat application, medications and restrictions. Currently, the IW complains of neck and back pain described as stiffness and headaches. Objective findings are not documented. On 1/26/2015, Utilization Review non-certified a request for unknown chiropractic adjustments every 3 weeks and one exam noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS and ODG were cited. On, the injured worker submitted an application for IMR for review of unknown chiropractic adjustments every 3 weeks, and one exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown chiropractic adjustments every 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care is not medically necessary. Recurrences/flare-ups Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59.

Decision rationale: The claimant presented with chronic neck pain. Review of the available medical records showed she has had chiropractic treatments 1-2 times a month in the past 4 months. There is no document of flare-ups. While MTUS guidelines might recommend 1-2 visits every 4-6 months for flare-up, maintenance care is not recommended. In this case, there is no flare-up report and the claimant treatment frequency appears to be maintenance in nature. Therefore, the request for chiropractic treatments every 3 weeks is not medically necessary.

One office visit (exam): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Managing Delayed Recovery Page(s): 89-90.

Decision rationale: Clinical reassessment is recommended when managing functional recovery or recovery is delayed so that referrals can be made or patient treatment plan need to change for further functional restoration. In this case, the claimant's injury is 26 years ago, there is no document of flare-up, and there is no further functional recovery is expected. Therefore, the request for office visit/exam is not medically necessary.