MAXIMUS Federal Services

Case Number:	CM15-0108325		
Date Assigned:	06/15/2015	Date of Injury:	01/31/2012
Decision Date:	07/21/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/05/2015

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(n) 53 year old female, who sustained an industrial injury on 1/31/12. She reported pain in her neck, right upper extremity and lower back. The injured worker was diagnosed as having cervical disc syndrome, cervical radiculitis and lumbar disc syndrome. Treatment to date has included a lumbar CT showing foraminal narrowing in L3-S1, an EMG/NCV showing evidence of left carpal tunnel syndrome, a lumbar MRI, physical therapy and a cervical fusion. On 1/26/15, the injured worker reported exacerbating headaches, neck, right shoulder, right wrist, low back and right leg pain. As of the PR2 dated 3/25/15, the injured worker reports dull, achy pain in the neck, right upper extremity and lower back. Objective findings include a positive Kemp's test, decreased lumbar range of motion and mild to moderate muscle guarding. The treating physician requested chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective chiropractic treatment beginning 1/29/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." Page(s): 58.

Decision rationale: On 1/26/2015 the claimant was reevaluated by [redacted], for exacerbating headaches, neck, right shoulder, right wrist, low back and right leg pain. The claimant was diagnosed with cervical intervertebral disc syndrome, cervical radiculitis/neuritis, and lumbar intervertebral disc syndrome. A request for 6 chiropractic treatments was submitted. The medical necessity for the requested 6 chiropractic treatments was established. The claimant presented to the provider's office complaining of an exacerbation of her chronic neck complaints. The claimant's history is significant for surgery to the cervical spine in October 2012. It appears that the claimant has treated on a periodic basis for exacerbations. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." The requested 6 treatments are consistent with this guideline. The initial denial indicates that the claimant has completed 30 chiropractic treatment sessions from 9/15/2014 to 1/28/2015. However, available for review with the previous peer reviewer was 14 treatments that occurred from 9/15/2014 through 11/19/2014. There is no indication that the claimant received any additional treatment until she returned approximately 2 months later on 1/26/2015. Given the fact the claimant presented with a complaint of an exacerbation of her chronic neck complaints, a course of 6 treatments is medically necessary and considered appropriate.