MAXIMUS Federal Services

Case Number:	CM15-0119649		
Date Assigned:	07/08/2015	Date of Injury:	02/19/1988
Decision Date:	08/04/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/22/2015

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 58 year old female, who sustained an industrial injury on 2/19/88. The injured worker has complaints of soreness, stiffness, tightness and pain in the cervical and lumbar. The documentation noted that tender trigger points were identified in the cervical paraspinal, the subscapularis, the levator scapulae, and the upper trapezius musculature and palpable tenderness and paraspinal hypertonicity was noted. The documentation noted that tender trigger points were identified in the lumbar paraspinal, the gluteus maximus, the gluteus medius, quadratus lumborum, and the piriformis musculature, muscle spasms and paraspinal hypertonicity was also noted. The diagnoses have included cervical radiculitis; thoracic spondylosis without myelopathy and myalgia and myositis, unspecified. Treatment to date has included chiropractic treatment. The request was for 6 chiropractic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back 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 has requested 6 chiropractic sessions over an unknown period of time to an unspecified area. The documentation shows the requested period of time to be 3 months which would indicate maintenance type of care which is not recommended according to the above guidelines. The requested treatment is not according to the above guidelines and therefore the treatment is not medically necessary or appropriate.