MAXIMUS Federal Services

Case Number:	CM15-0122656		
Date Assigned:	07/06/2015	Date of Injury:	10/14/2013
Decision Date:	08/07/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/25/2015

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, Oriental Medicine

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 52 year old female, who sustained an industrial injury on 10/14/13. The injured worker has complaints of right ankle and left foot pain and persistent lower back pain that radiates down both sides. Left foot examination does elicit pain with maximum dorsi and plantar flexion and tenderness to palpation is noted to the dorsal aspect of the proximal phalanx of the hallux as well as planetary at the sulcus. There is mild tenderness noted to the sesamoid apparatus and mild osseous prominence is noted to the medial aspect of the first metatarsal head and the hallux is deviated laterally. Right ankle examination revealed ankle joint range of motion is painful throughout particularly with maximum dorsiflexion. The documentation noted tenderness to palpation is diffuse in cervical, lumbar and thoracic spine. The diagnoses have included chronic ankle sprain, right and foot pain versus neuritis versus lumbar radiculopathy, left. Treatment to date has included physical therapy; acupuncture; advil with minimal benefit; ultracet with no major relief; tylenol with codeine with no reduction in pain; gabapentin cream reduces the pain; norco; omeprazole; flexeril; ketoprofen cream and lumbar magnetic resonance imaging (MRI) of 3/3/14 revealed very mild multilevel degenerative changes of the lumbar spine, there appears to be facet arthropathy bilaterally at L4-5 and L5-S1 (sacroiliac). The request was for 12 chiropractic rehabilitative therapy sessions for the cervical/thoracic/lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic rehabilitative therapy sessions for the cervical/thoracic/lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 6/9/15 denied the treatment request for additional 12 rehabilitative therapy visits to manage the patients cervical, thoracic and lumbar spine deficits citing CA MTUS Chronic Treatment Guidelines. The reviewed medical records reflect a prior course of rehabilitative therapy visits with noted relief. The noted benefit was not accompanied by any documentation that benefit as reported was coupled with clinical evidence of functional improvement as required by CA MTUS Chronic Treatment Guidelines. The medical necessity for additional Chiropractic Rehabilitative care, 12 sessions is not supported by reviewed reports or CA MTUS Chronic Treatment Guidelines. Therefore, the request is not medically necessary.