MAXIMUS Federal Services

Case Number:	CM15-0122833		
Date Assigned:	07/07/2015	Date of Injury:	10/01/2013
Decision Date:	08/07/2015	UR Denial Date:	06/15/2015
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: Chiropractic

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 39 year old male with an October 1, 2013 date of injury. A progress note dated June 5, 2015 documents subjective complaints (pain in the back from the cervical spine to the lumbar spine; pain in both legs; pain rated at a level of 7/10), objective findings (decreased range of motion of the cervical spine; decreased range of motion of the lumbar spine), and current diagnoses (cervical spine sprain/strain; thoracic spine sprain/strain; lumbar spine sprain/strain). Treatments to date have included medications, chiropractic treatments, lumbar epidural steroid injection, physical therapy, and imaging studies. The treating physician documented a plan of care that included 6 additional chiropractic treatments for the cervical, thoracic, 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, thoracic, lumbar and sacroiliac spine, twice a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation MTUS Definitions Page(s): 58 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Low Back Chapters Manipulation Sections.

Decision rationale: The patient has received chiropractic care for his spinal injuries in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. In his progress report the requesting physician states that "chiropractic therapy has failed." Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommend additional care with evidence of objective functional improvement. The ODG Neck & Upper Back and Low Back Chapters also recommends additional chiropractic care sessions with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 6 additional chiropractic sessions requested to the cervical, thoracic, lumbar spine and sacroiliac spine are not medically necessary or appropriate.