MAXIMUS Federal Services

Case Number:	CM15-0129283		
Date Assigned:	07/15/2015	Date of Injury:	02/01/2006
Decision Date:	08/13/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/02/2015

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 56 year old female who sustained an industrial injury on 2/1/06 from a trip and fall falling face down with hands in front of her causing a twisting injury to her neck and low back. She had immediate complaints of bilateral knee pain and within a few days had entire body pain except for her head. She was medically evaluated, given bilateral wrist braces. She had an MRI of her back and neck in 2006, showing three pinched nerves in the back and two in the neck. She has had12 to 14 months of physical therapy; unspecified amount of chiropractic sessions; nerve conduction studies of left upper extremity (per 10/8/14 note). She has had prior injuries to her left knee and low back in 1993, 1997. She currently complains on pain shooting from the back of the neck to head; bilateral knee, elbow, arms, wrist, legs and arm pain. The left leg is the worst. Her low back pain radiates to the legs with numbness, tingling and weakness. Pain level was 9/10. Pain medication helps with activity level and without medications she can't do much. She is experiencing tripping over her feet and trouble getting in and out of the tub. On physical exam there was tenderness of the cervical spine, trapezius and occipital areas with spasms, left greater than right, limited and painful range of motion of the cervical spine. Medication was Norco which reduces her pain level, helps her sleep and increases her ability to perform activities of daily living. Diagnoses include cervical radiculitis; lumbar spine radiculitis; internal derangement bilateral knees. Treatments to date include medications; physical therapy; chiropractic therapy. Diagnostics include x-rays of the cervical spine, lumbar and thoracic spine showing mild degenerative disc disease; MRI of lumbar spine (5/19/14) showing a disc herniation; MRI of the cervical spine (no date) showing disc degeneration at multiple levels. In

the progress note dated 6/22/15 the treating provider's plan of care includes a request for chiropractic treatments twice per week for six weeks for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care 2x/week for 6 weeks for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 2X6 chiropractic sessions for cervical and lumbar spine. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2X6 Chiropractic visits are not medically necessary.