MAXIMUS Federal Services

Case Number:	CM15-0170734		
Date Assigned:	09/11/2015	Date of Injury:	07/10/2014
Decision Date:	10/19/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/31/2015

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 51 year old male, who sustained an industrial injury on 7-10-14. The injured worker was diagnosed as having radiculopathy and low back pain. Treatment to date has included oral medications including Cyclobenzaprine 10mg and Ibuprofen 800mg and topical 5% Lidoderm patch; 18 sessions of physical therapy, chiropractic therapy (3-15), home exercise program and activity modifications. It is noted within the progress note (MRI) magnetic resonance imaging of lumbar spine performed on 9-15-14 revealed 2mm disc bulge at L5-S1 and x-ray of lumbar spine performed on 7-24-14 revealed not abnormality, documentation of the studies were not submitted for review. On 6-17-15, he complained of low back pain and rated his pain 2 out of 10 with medications and 5 out of 10 without medications. Currently on 8-12-15, the injured worker complains of low backache rated 1 out of 10 with medications and 4 out of 10 without medications. He notes his activity level has decreased and his quality of sleep is poor. Work status is modified duty. Physical exam performed on 8-12-15 noted hypertonicity, spasm, tenderness and tight muscle band on the right of paravertebral muscles with palpation; exam is unchanged from previous exam dated 6-17-15. The treatment plan included a referral to urologist and 8 sessions of physical therapy. It is noted past sessions of chiropractic therapy increased his duration of walking and eased chores. On 8-24-15, utilization review non-certified 8 sessions of chiropractic therapy noting guidelines recommend a trial of 6 visits over 2 weeks with evidence of objective functional improvement, not to exceed a total of up to 18 visit over 6- 8 weeks. In this case, there is limited documentation of the response to previous sessions of chiropractic treatment and the number of sessions is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Chiropractic: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The medical necessity for the requested 8 chiropractic treatments was not established. 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." On 2/6/2015, the provider was authorized 6 sessions of chiropractic treatment. At the time of the 2/18/2015 evaluation, the claimant noted pain levels of 2/10 with medication and 4/10 without medication. Available for review were chiropractic treatment notes for dates of service 3/23/2015 and 3/30/2015. The claimant completed the 6 treatments through April 2015. On 4/22/2015, the claimant was reevaluated and noted pain levels of 1/10 with medication and 3/10 without medication. The recommendation was for medication and possible epidural injections. At the time of the 6/17/2015 evaluation, the claimant noted pain levels of 2/10 with medication and 5/10 without medication. The recommendation was for medication. On 8/12/2015 the claimant was reevaluated by [redacted] for complaints of lower back pain at 1/10 with medication and 4/10 without medication. The recommendation was for 8 sessions of chiropractic treatment. The report indicates that the claimant "notes past sessions improve his movement, ROM and flexibility." Given the improvement noted as a result of the initial 6 treatments, medical treatment utilization schedule guidelines would support the requested 8 additional treatments. The previous denial was based on "limited documentation of the response to previous sessions of chiropractic treatment from the chiropractic provider. Without the number of sessions completed and objective evidence of improvement was sustained functional benefit, the medical necessity of additional chiropractic sessions is not established." For this review, the documentation indicates that the claimant received 6 treatments with overall improvement. Therefore, I recommend certification of the requested 8 additional chiropractic treatments.