MAXIMUS Federal Services

Case Number:	CM15-0179442		
Date Assigned:	09/21/2015	Date of Injury:	10/19/2013
Decision Date:	10/30/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/11/2015

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 52 year old male who sustained an industrial injury October 19, 2013. While lifting heavy container filled with ice, he felt a pop in his lower back followed by immediate sharp pain with radiation to the left leg. He was initially treated with pain medication, modified duties, and underwent x-rays of the lumbar spine. He also developed an injury to his left wrist, described as cumulative trauma from April 2009 through March 2015. In April of 2015, he began physical therapy, acupuncture, and hot wax treatments for the left wrist and hand. Documentation revealed he has received treatments of extra corporeal shockwave therapy to the left wrist and hand, 2015. According to a primary treating physician's progress report dated August 1, 2015, the injured worker presented with complaints of constant lower back pain, described as pins and needles and increased by activity. He also reported frequent neck pain and constant left hand-wrist pain. Objective findings included; tenderness on palpation with limited painful range of motion; decreased sensory at L5-S1 and C6-C7 left; positive bilateral shoulder depression; positive seated straight leg raise left; squat at 20%. Diagnoses are lumbar radiculitis; cervical sprain, strain with neuralgia; left carpal tunnel syndrome; sleep disorder, depressive disorder. Treatment plan included pending electrodiagnostic studies upper and lower extremities and at issue, a request for authorization for (12) sessions of chiropractic treatment over (6) weeks for the lumbar spine. Cervical spine x-ray dated April 14, 2015 (report present in the medical record) impression is documented as straightening of the cervical spine most consistent with muscle spasm. There is no evidence of fracture or dislocation present. Lumbar spine x-ray dated April 14, 2015 (report present in the medical record) impression is documented as normal lumbar spine examination. X-rays of the left and right hand dated April 14, 2015 (report present in the medical record) impression is documented as radiologically negative examination of the left and right hand. According to utilization review decision dated August 12, 2015, the request for (12) sessions of chiropractic treatment over (6) weeks for the lumbar spine is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 12 sessions over 6 weeks for the lumbar spine: Upheld

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 12 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." The requested 12 treatments exceed this guideline. Moreover, it appears the claimant had received chiropractic treatment prior to the requested 12 treatments. There was no documentation indicating any functional improvement as a result of the previously authorized chiropractic treatment. Therefore, the medical necessity for the requested 12 chiropractic treatments was not medically necessary.