MAXIMUS Federal Services

Case Number:	CM15-0047868		
Date Assigned:	03/19/2015	Date of Injury:	04/10/2001
Decision Date:	06/15/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/13/2015

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: New Jersey
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 46-year-old female who reported an injury on 04/10/2001. Prior therapies included aquatic therapy and chiropractic adjustments. The diagnoses included lumbosacral myofascial pain syndrome with associated pain referral into the right lower extremity, lumbosacral joint dysfunction, cervical discogenic spondylosis, multiple level of joint dysfunction and lumbar intervertebral disc syndrome. The mechanism of injury was lifting a heavy box of copy paper. The documentation of 01/21/2015 revealed the injured worker had low back pain. The injured worker was noted to continue chiropractic care. The injured worker was continuing aquatic therapy. Prior therapies included transforaminal epidural trigger point injections, chiropractic care which helped with moderate relief, medication intake, increased range of motion, and helped with daily activities. The injured worker had diffuse tenderness to palpation of the lumbar spine extending into the lumbar paraspinal region. The injured worker had tenderness to palpation of the thoracic spine, left facet region and PSIS region. The injured worker had a positive facet loading at the L4-5 and L5-S1 regions. The treatment plan included additional chiropractic sessions 2 times 4 for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight chiropractor manipulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement, a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The clinical documentation submitted for review indicated the injured worker had 3 sessions of chiropractic care. However, the injured worker was noted to have previous chiropractic care. There was a lack of documentation indicating the quantity of sessions previously. There was documentation of specific improvement in function, decreased pain and improvement in quality of life. However, objective pain relief was not provided. Additionally, the request as submitted failed to indicate the specific body part to be treated. Given the above, the request for 8 chiropractic manipulation sessions is not medically necessary.