MAXIMUS Federal Services

Case Number:	CM15-0072486		
Date Assigned:	04/22/2015	Date of Injury:	07/15/1994
Decision Date:	05/21/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/15/2015

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 72 year old male, who sustained an industrial injury on 7/15/94. He reported pain in his neck and lower back. The injured worker was diagnosed as having somatic dysfunction cervical, brachial neuritis and cervical disc displacement. Treatment to date has included chiropractic therapy and pain medications. As of the PR2 dated 3/9/15, the injured worker reports 2/10 pain in the neck and lower back. The treating physician noted tenderness to palpation in the cervical spine, lumbar spine and upper extremities. The treating physician requested additional chiropractic therapy 2 x 3 months: CMT extra-spinal, CMT 1-2 areas, spinal manipulative therapy, myofascial release, intersegmental traction, ice pack, therapeutic exercise, self-care/home management. Six chiropractic visits were approved to deal with flare-up on 3/26/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Therapy 2 time 3 months: CMT extra-spinal, CMT 1-2 areas, spinal manipulative therapy, myofascial release, intersegmental traction, ice pack, therapeutic exercise, self-care/home management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. The claimant recently had six chiropractic visits approved to deal with a flare-up. However there is no documentation of functional improvement resulting from those approved chiropractic visits. In addition, the claimant has had an unknown number of treatments and it is unclear whether the claimant has already exceeded the 24 visit maximum. Therefore further chiropractic visits are not medically necessary.