MAXIMUS Federal Services

Case Number:	CM15-0091026		
Date Assigned:	05/15/2015	Date of Injury:	05/12/2013
Decision Date:	06/19/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/11/2015

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: Chiropractic

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 25 year old female sustained an industrial injury to the low back, right foot and head on 5/12/13. Electromyography bilateral lower extremity (11/19/14) was normal. Previous treatment included three sessions of physical therapy, medications and ice. Requests for acupuncture and lumbar spine magnetic resonance imaging were denied. In a Qualified Medical Evaluation dated 3/24/15, the physician recommended a course of six sessions of chiropractic therapy and a course of physical therapy. In a PR-2 dated 3/27/15, the injured worker had received approval for six sessions of chiropractic therapy and was scheduled to start on 3/30/15. The injured worker complained of low back pain with radiation to the right leg associated with tingling, numbness and weakness as well as right foot pain. The injured worker rated her pain 5- 9/10 on the visual analog scale. The injured worker avoiding going to work, socializing with friends, exercising and performing activities of daily living due to pain. Physical exam was remarkable for tenderness to palpation to the lumbar spine sciatic notch with positive right straight leg raise, decreased sensation in the S1 distribution and 5/5 strength to bilateral upper and lower extremities. Current diagnoses included lumbago and lumbar spine radiculopathy. The treatment plan included proceeding with scheduled chiropractic therapy and medications (Naproxen Sodium and Tramadol). In a Qualified Medical Evaluation dated 3/24/15, the physician recommended a course of six sessions of chiropractic therapy and a course of physical therapy. The PTP is requesting 18 additional sessions of chiropractic care. The UR reviewer has modified the request and approved 6 additional sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy treatment lumbar spine 18 sessions: 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. Decision based on Non-MTUS Citation ODG Low Back Chapter, Manipulation Section/MTUS Definitions Page 1.

Decision rationale: The patient has completed 6 sessions of chiropractic care to date. The treatment records in the materials submitted for review show objective functional improvement with the past chiropractic care rendered. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Low Back Chapter recommends additional chiropractic care with evidence of objective functional improvement, 1-2 sessions every 4-6 months. The MTUS- Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The ODG Low Back Chapter and The Chronic Pain Medical Treatment Guides recommend additional chiropractic care for flare- ups "with evidence of objective functional improvement." However, in this case the number of additional sessions requested at 18, far exceed The MTUS recommended number of 1-2 sessions. The UR reviewer has modified the request an approved 6 sessions. I find that the 18 additional chiropractic sessions requested to the lumbar spine is not medically necessary or appropriate.