MAXIMUS Federal Services

Case Number:	CM15-0097533		
Date Assigned:	05/28/2015	Date of Injury:	01/01/1981
Decision Date:	07/03/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/20/2015

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 an 83 year old male, who sustained an industrial injury on 01/01/1981. The mechanism of injury was not made known. Diagnoses included nonallopathic lesions cervical, cervical strain/sprain and brachial neuritis or radiculitis. According to a progress report dated 02/02/2015, the injured worker complained of pain in the left trapezius that was rated 9 on a scale of 1-10, discomfort in the side of the right hip, discomfort in the upper back, discomfort in the front of the head, and discomfort in the back of the neck that was rated 7. The injured worker continued to struggle with pain, discomfort and limitation while at work and performing activities of daily living. His condition was the same since the last treatment. The treatment plan included chiropractic adjustment on an as needed basis 1-2 adjustments per month. Records submitted for review included chiropractic treatment notes dating back to September 2014. Currently under review is the request for chiropractic treatments on-going 1-2 times monthly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments on-going 1-2 times monthly: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 107 , 113 & 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS chronic pain treatment guidelines give the following recommendations: "Low back: 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. Elective/maintenance care - Not medically necessary." Page(s): 58.

Decision rationale: The medical necessity for the requested continued treatment at 1-2 times per month for an ongoing period of time was not established. The requested treatment at 1-2 times per month for an indefinite period of time suggests more maintenance or elective type care and as such is not supported by MTUS guidelines. Moreover, within the medical information available for review, there is no statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits. Additionally, the proposed frequency, duration, and period exceed the recommendations of MTUS guidelines.