MAXIMUS Federal Services

Case Number:	CM15-0097958		
Date Assigned:	05/29/2015	Date of Injury:	01/03/2013
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:

This 40-year-old male sustained an industrial injury to the lumbar spine on 1/3/13. Magnetic resonance imaging lumbar spine (11/29/13) showed disk bulge with annular tear at L5 and mild multilevel facet arthropathy. Previous treatment included physical therapy, chiropractic therapy and medications. In chiropractic, progress noted dated 10/16/14; the injured worker could sit and drive for 80-90 minutes, stand for 60 minutes, walk for 80 minutes and carry 35-40 pounds. In a chiropractic progress note dated 1/22/15, the injured worker could sit and drive for 90 minutes, stand for 60 minutes, walk for 80 minutes and carry 40-45 pounds. In a chiropractic progress note dated 3/19/15, the injured worker complained of low back pain with radiation to the left leg and difficulty sleeping. The injured worker could sit and drive for one to two hours, stand for 60 minutes, walk for 90 minutes and carry 45 pounds. Physical exam was remarkable for lumbar spine with less tenderness to palpation, muscle spasm with myofascial pain and trigger points, positive Lasegue test and slightly less restricted range of motion. Current diagnoses included lumbar disk syndrome, radicular neuralgia, lumbar spine sprain/strain, thoracic spine sprain/strain, cervical and thoracic spine segmental dysfunction. The physician requested retrospective approval for chiropractic therapy on 3/19/15, 1/22/15, 12/8/14, 11/20/14 and 10/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective chiropractic dates 3/19/15, 1/22/15, 12/18/14, 11/20/14, 10/16/14 for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. 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. Recurrences/ flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59.

Decision rationale: The claimant presented with ongoing low back pain despite previous treatments with medications, chiropractic, and physical therapy. According to the available medical records, previous chiropractic treatments was provided once a month since September 2014 with no evidences of subjective or objective functional gain. Furthermore, once evidences do not recommend a month maintenance care based MTUS guidelines. Therefore, the request for chiropractic treatments dated 03/19/2015, 01/22/2015, 12/18/2014, 11/20/2014, and 10/16/2014 are not medically necessary.