

Case Number:	CM13-0035161		
Date Assigned:	12/13/2013	Date of Injury:	09/18/2001
Decision Date:	02/25/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Lincensed Chiropractor and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

Patient is a 62 year old female who on sustained injuries to her neck, upper back and lower back according to the records provided. Other symptoms reported include pain and numbness, tingling and weakness in the upper extremities, left knee pain, right ankle pain and pain in both shoulders. Patient has been treated with chiropractic care and prescribed numerous medications. Patient uses a cane for ambulation. Diagnoses assigned are Intractable lumbar pain with radiculopathy, chronic cervical pain with radiculopathy. The PTP is requesting 12 chiropractic sessions to the neck and lower back (3 X 4).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic treatment 3 X 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and manual therapy Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical and Lumbar Spine.

Decision rationale: The Expert Reviewer's decision rationale: Objective measurements of the patient post chiropractic care are not available in the records and do not show a satisfactory level

of functional improvement as defined in the MTUS definitions. Furthermore, the soap notes provided in the records document patient progress on a subjective way rather than objectively. There are no subjective AROM measurements or findings. 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." MTUS chronic pain section p 58-59 state that manipulation is recommended as an option for low back pain with evidence of objective functional improvement total of up to 18 visits over 6-8 weeks... need to re-evaluate treatment success." For the cervical spine, the patient suffers from a moderate to severe cervical injury. ODG Manipulation and Manual Therapy section for the cervical spine suggests that for a "moderate (grade II) : with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, avoid chronicity." Patient also suffers from cervical spine radiculopathy according to the records submitted. ODG states in this section that "with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute avoid chronicity and gradually fade the patient into active self-directed care." Given that the records lack objective functional improvement data and are insufficient to demonstrate such from past treatments to be compared to post-chiropractic therapy progress data, I find that the 12 chiropractic sessions to the cervical and lumbar spine to not be appropriate and not medically necessary.