

Case Number:	CM13-0035331		
Date Assigned:	02/20/2014	Date of Injury:	04/12/2013
Decision Date:	04/22/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/17/2013

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. The expert reviewer is Board Certified in Chiropractic 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 suffers from a chronic injury to his neck and shoulder. Per the records provided he is retired. The PR2 reports provided for review present evidence of objective functional improvement with the chiropractic care rendered thus far, as defined in the MTUS. 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." As for the number of chiropractic sessions MTUS ODG Neck Chapter recommends a trial of 6 visits over 2-3 weeks. MTUS Post-Surgical Treatment Guidelines for shoulder sprains and strains recommend 24 visits of physical medicine treatments over 14 weeks. MTUS ODG Shoulder chapter is silent on initial treatment trial and recommends 9 visits over 8 weeks. Given that there has been evidence of objective functional improvement with the chiropractic care rendered and as indicated by MTUS definitions I find that the request for 12 chiropractic sessions to the neck and right shoulder to be medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY TIMES 6 VISITS- FOR THE BACK AND NECK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND LOW BACK CHAPTERS, MANIPULATION OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE:MTUS DEFINITIONS PAGE 1

Decision rationale: The progress reports provided from the treating physician do not show any objective functional improvement as defined by MTUS. 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 Medical Treatment Guidelines p. 58-60 and MTUS ODG Chiropractic Guidelines Neck and Chapter recommend manipulation with evidence of objective functional improvement 18 visits over 6-8 weeks. MTUS ODG Low Back Chapter recommends for "flare-ups/recurrences need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months" with evidence of functional improvement. There has been no objective functional improvement with rendered chiropractic care in the cervical and the lumbar spine. I find that the 6 chiropractic sessions requested to the neck and lower back to not be medically necessary and appropriate