

Case Number:	CM13-0071208		
Date Assigned:	01/08/2014	Date of Injury:	06/19/2010
Decision Date:	05/29/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/26/2013

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:

The patient is a 64 year-old female who injured her neck, left shoulder and lower back on 6/19/2010 while performing her duties as a field worker at a vineyard. The chief complaints per the Panel Qualified Medical Evaluators (PQME) report provided are neck pain with radiation of pain, tingling and numbness down both arms to the hands, lower back pain with pain radiating to both legs with tingling to the feet and weakness of both legs. The patient has been treated with medications, an epidural injection, a trigger point injection, physical therapy, acupuncture, and chiropractic care. The diagnoses assigned by the primary treating physician (PTP) are impingement of left shoulder, anxiety, depression, and cervical spine radiculopathy. MRI (magnetic resonance imaging) of the cervical spine revealed degenerative disc disease with facet arthropathy and retrolisthesis of C3-4 and C6-7. Canal stenosis with foraminal narrowing has also been seen at C3-4, C4-5 and C5-6 levels. MRI of lumbar spine has shown disc bulges at L3-4, L4-5 and L5-S1. The PTP is requesting 12 chiropractic care sessions to the neck, low back and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2 TIMES A WEEK FOR 6 WEEKS FOR CERVICAL SPINE LUMBAR AND LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Low Back and Shoulder Chapters, Section Manipulation.

Decision rationale: Per the Panel Qualified Medical Evaluators (PQME)'s report, 10 sessions of chiropractic care have been rendered to this patient in the past. Records of prior chiropractic care do not exist in the materials provided for review. There are no records that document objective functional improvement to substantiate additional chiropractic care per MTUS definitions. The MTUS-Definitions 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 MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG) recommend chiropractic care with objective functional improvement. Since the records provided do not show objective functional improvements with ongoing chiropractic treatments rendered, the request for 12 chiropractic sessions for the neck, left shoulder and lower back to not be medically necessary and appropriate.