

Case Number:	CM14-0011612		
Date Assigned:	02/21/2014	Date of Injury:	08/27/2012
Decision Date:	06/25/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/29/2014

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 a Licensed 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:

The patient is a 58 year old female who injured her neck, upper back and lower back on 8/27/2012 as a result of a fall. Per the primary treating physician's progress report the subjective complaints are described as follows: "patient states her back has been bothering her more because of colder weather. Increased pain and spasms. Pain radiates down into right leg due to sciatica." Patient has been treated with medications, home exercises and chiropractic care. Diagnoses assigned by the primary treating physician are TLMFS with right sciatica, OA thoracic spine and OA right hip and pelvis. There are no MRI or EMG/NCV studies in the records provided. The primary treating physician is requesting 18 chiropractic sessions to the neck, upper back and low back. The Claims Administrator has approved 6 sessions and denied 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE TO THE NECK, UPPER BACK, AND LOW BACK, QUANTITY 18: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Neck & Upper Back and Low Back Chapters, Manipulation Section.

Decision rationale: The patient has completed 6 sessions of chiropractic care per the records provided. The progress reports provided from the treating physician clearly show 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...; and a reduction in the dependency on continued medical treatment." MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) recommend manipulation with evidence of objective functional improvement 18 visits over 6-8 weeks. These guidelines also 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. In this case, there has been objective functional improvement with the rendered chiropractic care in the cervical and the lumbar spine. Pain levels have decreased, range of motion has been improved and orthopedic tests in the cervical spine have been negative after the treatment. Therefore, the request for 18 chiropractic sessions to the neck, upper back and lower back is medically necessary and appropriate.