

Case Number:	CM14-0017012		
Date Assigned:	03/07/2014	Date of Injury:	04/15/2002
Decision Date:	04/15/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/10/2014

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 licensed in Chiropractic Care 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 32 year old female who sustained injuries to her neck, right shoulder, right wrist and back on 4/15/2002 per available records. Current complaints as reported by the PTP are "moderate pain and symptoms from her neck to her low back with radiating pain down her right shoulder and arm. Patient reports that pain radiates down back from neck to buttocks and down along right back of leg to sole of foot." Patient has been treated with medications, physical therapy, massage and chiropractic care to include physiotherapy modalities. There are no imaging studies available in the records provided. Diagnoses assigned by the PTP are lumbar IVD syndrome, cervicobrachial syndrome, carpal tunnel syndrome, thoracic sprain/strain, sciatica, hypo/hyperesthesia and lumbar sprain/strain. The PTP is requesting 6 chiropractic sessions with physiotherapy to the neck, upper back, lower back, right shoulder and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPHYSIOTHERAPY 1X6 NECK, THORACIC,LUMBAR, RIGHT SHOULDER AND RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY AND MANIPULATION Page.

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 MANIPULATIONS SECTION AND MTUS DEFINITIONS, PAGE 1

Decision rationale: This is a chronic case with injuries to several body parts. It is unknown if there has been future medical awarded and how many chiropractic sessions the patient has completed in 2013 or to date. Only one PR-2 report has been provided for review which present no objective functional improvement with the prior chiropractic care rendered. The treating chiropractor does state that the patient is having a flare-up and that there has been improvement in the past with care, however MTUS and ODG state that objective functional improvement must be present and "measured" in order for additional care to be warranted with a "need to re-evaluate treatment success." 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." The patient has received chiropractic care in the past but documentation of that care with measured improvement is not present in the records. Given that there has been no evidence of objective functional improvement with the chiropractic care rendered and as indicated by MTUS definitions I find that the request for 6 chiropractic sessions with physiotherapy to the neck, upper back, lower back, right shoulder and right wrist to not be medically necessary and appropriate.