

Case Number:	CM14-0017787		
Date Assigned:	04/16/2014	Date of Injury:	09/07/1999
Decision Date:	06/30/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/12/2014

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 Board Certified 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 45 year old female who injured her neck, upper back and lower back on 9/7/1999 due to repetitive lifting and pulling. Per the primary treating physician's progress report the subjective complaints are described as follows: " The patient still complains of constant sharp/stabbing and aching back pain, with shooting pain into the left leg and left sided neck/shoulder pain which is frequent and aching. She also complains of intermittent throbbing pain that radiates into the left leg." Patient has been treated with medications, physical therapy, home exercises and chiropractic care. Diagnoses assigned by the PTP are cervical pain, thoracic pain and lumbar pain. Diagnostic studies are not available in the records provided for review. The primary treating physicians is requesting 6 chiropractic sessions to the neck, upper back and lower back. The carrier has authorized 2 sessions and denied 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 6 VISITS FOR THE CERVICAL, THORACIC, AND LUMBAR SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, MANIPULATION AND MOBILIZATION,

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 Upper Back and Low back Chapters, Manipulation Section Other Medical Treatment Guideline or Medical Evidence: MTUS Definitions Page 1

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 California Medical Treatment Utilization Schedule (MTUS). According to California (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." California (MTUS) Chronic Pain Medical Treatment Guidelines p. 58-60 and MTUS and Official Disability Guidelines (ODG) Chiropractic Guidelines Neck and Low Back Chapters recommend manipulation with evidence of objective functional improvement 18 visits over 6-8 weeks. California (MTUS) and (ODG) Low Back Chapter recommends for "flare-ups/recurrences need to re-evaluate treatment success, if return to work achieved then 1-2 visits every 4-6 months" with evidence of functional improvement. 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 patient has been returned to modified duty. I find that the 6 chiropractic sessions requested to the neck, upper back and lower back to be medically necessary and appropriate.