

Case Number:	CM14-0108369		
Date Assigned:	09/19/2014	Date of Injury:	07/15/2002
Decision Date:	01/28/2015	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/12/2014

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 licensed in Chiropractor (DC) 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 54 year old male who injured his neck, right hand, left knee, left shoulder and lower back on 07/15/2002 while performing his usual and customary duties as a structural mechanic for an airline company. The PTP reports that the patient complains of "neck and lower back pain with pain radiating to the right lower extremity." The patient has been treated with medications, chiropractic care, physical therapy and injections. The diagnoses assigned by the PTP are cervical disc disease and lumbar disc disease. An MRI study of the lumbar spine has shown discogenic disease at L4 through S1 (2 mm disc bulge at L4-5 and L5-S1). An EMG study of the lower extremities has revealed possible radiculopathy and polyneuropathy. An MRI study of the cervical spine has revealed 2 mm disc bulges at C4-5 and C5-6. The PTP is requesting 12 additional sessions of chiropractic care to the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic three times a week for 4 weeks to the Neck and Back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back and Low Back Chapters, Manipulation Sections; MTUS Definitions Page 1.

Decision rationale: This case involves a patient who has suffered injuries to various body parts as a result of slipping and falling on an oily surface, per the records provided. The patient has received many years of chiropractic care for his neck and lower back injuries per the QME's report. The MTUS ODG Low Back and Neck Chapters for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." 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." There is no evidence of objective functional improvement data as defined in The MTUS in the records provided with the past treatment. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The chiropractic care records are not present in the records provided. The requested number of visits far exceeds the recommended number by The MTUS. The request for 12 chiropractic sessions requested to the cervical and lumbar spine is not to be medically necessary and appropriate.