MAXIMUS Federal Services

Case Number:	CM14-0183903		
Date Assigned:	11/10/2014	Date of Injury:	09/08/2008
Decision Date:	01/22/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/04/2014

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 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 51 year old male who sustained an injury to his neck, right knee, lower back, upper extremities and upper back on 9/8/2008. The mechanism of injury and the specific body regions involved are not specified in the records. The patient complains of a plethora of mostly systemic problems and symptoms related to hypertension, hyperlipidemia, shortness of breath, anxiety, abdominal pain, acid reflux, weight gain, sleep disorder, obstructive sleep apnea, gastritis and mitral stenosis. The musculoskeletal complaints are reported by the Primary Treating Physician (PTP) as follows: Patient complains of bilateral elbow rated 6/10 on the pain scale, cervical spine pain rated 5-6/10 on the pain scale and lumbar pain rated 7/10 on the pain scale. For his musculoskeletal complaints the patient has been treated with medications, physical therapy, aqua-therapy, home exercises, acupuncture and chiropractic care. The diagnoses assigned by the PTP are pain in joint shoulder region and pain in soft tissue of limb. An MRI of the lumbar spine has shown diffuse disc protrusions at L3-4 and L4-5. EMG studies of the upper extremities have shown an abnormal EMG of the upper extremities characterized by acute and chronic cervical radiculopathy primarily involving C4-5 nerve roots, greater on the right. The PTP is requesting 12 sessions of chiropractic therapy to unspecified body region(s).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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, Low Back and Elbow Chapters, Manipulation Sections

Decision rationale: The patient has suffered injuries to multiple body regions and experiences numerous systemic problems. The PTP has not specified which body regions the chiropractic care are being requested for. In the absence of this information from the records provided the chiropractic care request is being considered for all body regions listed in the records. The progress reports provided from the treating physician do not show objective functional improvement as defined by MTUS. The one chiropractic report provided is not sufficient to determine the effectiveness of a course of chiropractic treatment. 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 MTUS ODG Neck and Low Back Chapters recommend 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. The MTUS does not recommend manipulation to the elbow. There has been no objective functional improvement with the rendered chiropractic care in the past. The chiropractic treatment records are not present in the review materials. The 12 chiropractic sessions requested are not medically necessary and appropriate.