

Case Number:	CM14-0192184		
Date Assigned:	11/25/2014	Date of Injury:	09/12/2013
Decision Date:	05/12/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractic

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 injured worker is a 40 year old female who sustained an industrial injury on 9/12/13 from a slip and fall injuring the cervical, shoulder, thoracic and lumbar regions. She also sustained contusion of the right elbow. She initially has x-rays of the thoracic and lumbar spine which were unremarkable, medications, physical therapy, which did not help initially. She currently complains of constant low back pain, discomfort in the right leg, neck pain and stiffness and recurrent headaches. Her pain intensity is 5/10. She experiences limitation in activities of daily living. Medications are ibuprofen. Diagnoses include lumbosacral sprain/ strain; lumbar radiculitis; cervical sprain/ strain; cervical radiculitis; resolved right shoulder sprain/ strain. Treatments to date include medications, physical therapy, chiropractic therapy, ice. Diagnostics include electromyography of the lower extremities (4/16/14) normal; MR neck; MR lumbar spine (8/29/14). In the progress note dated 11/10/14 the treating providers (chiropractor) plan of care includes to continue monitoring this injured worker until an appointment with orthopedist is scheduled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 1 x week until transfer of PTP to Orthopedist/Pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back, Shoulder and Low Back Chapters, Manipulation Sections/MTUS Definitions Page 1.

Decision rationale: The patient has received prior chiropractic care for her injuries. The number of chiropractic care sessions provided thus far is not specified. The number of treatments being requested is not specified. The body regions to which treatment is being requested is/are not specified. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Low Back and Neck & Upper Back Chapter 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." 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 PTP describes some improvements with treatment but no objective measurements are listed. The records provided by the treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. The body parts for which treatment is being requested and the number of sessions are not clearly identified. I find that the chiropractic sessions requested once per week until transfer to new PTP to not be medically necessary and appropriate.