

Case Number:	CM14-0193320		
Date Assigned:	12/01/2014	Date of Injury:	12/05/2012
Decision Date:	01/13/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/18/2014

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 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 44 year old female who injured her upper extremities (shoulders, elbows and hands), neck and lower back on 12/5/12. The mechanism of injury is not provided in the records. Per the PTP's progress report "the patient presented today with constant severe cervical spine pain going into bilateral shoulders rated 10 of 10. The patient is also complaining of headaches, left elbow pain, bilateral hand weakness and numbness and low back pain rated 9 out of 10." The patient has been treated with medications, home exercise program and chiropractic care. The diagnoses assigned by the PTP are cervical spine myofascitis with radiculitis, lumbosacral radiculitis and wrist tendonitis. There is neither mention nor records of any imaging studies in the materials provided for review. The PTP is requesting 8 additional chiropractic sessions to the cervical spine, lumbar spine and bilateral hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 8 visits 2x4, cervical spine, lumbar spine, and bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation ODG Chiropractic Guidelines

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

Decision rationale: In this case the patient has received prior chiropractic care or her injuries however, the number of sessions is not known. 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." The MTUS does not recommend manipulation for the hand. The PTP's progress notes do not document objective functional improvement with prior chiropractic treatment rendered. 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. Stating that the pain has decreased and range of motion increased does not provide for objective functional improvement data as defined in The MTUS. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. The past chiropractic care records are not present in the records provided. I find that the 8 additional chiropractic sessions requested to the low back, neck and bilateral hands to not be medically necessary and appropriate.