

Case Number:	CM14-0199284		
Date Assigned:	12/09/2014	Date of Injury:	10/23/2008
Decision Date:	02/04/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/26/2014

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), has a subspecialty in Acupuncture 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 injured worker is a 62 year old female who reported neck and low back pain from injury sustained on 10/23/08. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with lumbosacral spondylosis without myelopathy, displacement of cervical spine intervertebral disc without myelopathy; degenerative cervical degenerative disc disease; degeneration of lumbosacral; lumbosacral radiculitis; chronic pain syndrome and neck pain. Patient has been treated with medication and chiropractic. Per utilization review dated 10/28/14, patient has had prior Chiropractic. The most recent medical notes available for review were dated 06/12/13. Per medical notes dated 06/12/13, patient complains of continued pain in cervical spine, right elbow, bilateral wrist/hand pain, and lumbosacral spine region. Patient complains of constant cervical spine pain across the entire posterior aspect. It varied between a dull aching and sharp sensation. Pain radiates into bilateral upper extremity with numbness and tingling. Pain is aggravated with movement of the head and neck. Patient complains of low back pain which is constant. The request is for 2X3 and 3X2 chiropractic visits which were non-certified by the utilization review dated 10/28/14. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 3 weeks to the neck and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: Per utilization review, this patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 2 x 3 chiropractic sessions for neck and lumbar spine. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits, and the benefits obtained with chiropractic already approved/rendered that would substantiate a medical indication for additional care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Therefore, based on the medical records reviewed and the guidelines, this request is not medically necessary.

Chiropractic 3 times a week for 2 weeks to the neck and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: Per utilization review, patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 3 x 2 chiropractic sessions for neck and lumbar spine. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with chiropractic already approved/rendered that would substantiate a medical indication for additional care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Therefore, based on the medical records reviewed and the guidelines, this request is not medically necessary.