

Case Number:	CM14-0199455		
Date Assigned:	12/09/2014	Date of Injury:	12/22/2013
Decision Date:	01/23/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/28/2014

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 49 year old female who injured her neck, left ankle, knee and lower back on 12/22/2013 while performing her duties as a bakery clerk. Per the PTP's progress report the subjective complaints are described as "continued neck pain." Per the AME's report the subjective complaints for the lumbar spine and ankle are as follows: "With regards to the patient's low back this continues to bother her with standing and walking. She has a constant pain and it bothers her with bending, stooping and lifting and it hurts all the time. With regards to her right leg and knee she states that this has recovered and no longer bothers her." For her cervical complaints the patient has been treated with medications, physical therapy, home exercise programs and physiotherapy modalities. For her lumbar spine the patient has received 18 sessions of chiropractic care with physical therapy and medications. The patient has not received chiropractic care for her cervical spine. The diagnoses assigned by the PTP are lumbar muscle spasm, lumbar musculoligamentous injury, cervical muscle spasm, cervical musculoligamentous injury and rule out cervical disc protrusion. There are no diagnostic imaging studies in the records. The PTP is making three requests. The PTP is requesting 2-3 chiropractic care sessions to the cervical spine, lumbar spine and left ankle for 6 weeks. The UR department has modified the request and authorized 6 sessions to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the cervical spine, 2-3 times a week for 6 weeks: Upheld

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

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 Chapter, Manipulation Section

Decision rationale: The patient has not received any chiropractic care for her cervical spine per the records provided. The PTP has requested a trial of 12-18 sessions of chiropractic care to the cervical spine. The MTUS ODG Neck & Upper Back Chapter recommends a trial run of 6 sessions of chiropractic care over 2 weeks. Based on this recommendation the UR department for the carrier has approved the initial 6 sessions. I find that the 2-3 chiropractic sessions requested to the neck over 6 weeks to not be medically necessary and appropriate.

Chiropractic care for the lumbar spine, 2-3 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Manipulation Section

Decision rationale: For the lumbar spine the progress reports provided from the treating physician do not show objective functional improvement as defined by MTUS. 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 medicalThe ODG Low Back Chapter recommends 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. There has been no objective functional improvement with the rendered chiropractic care in the lumbar spine.

Chiropractic care for the right ankle, 2-3 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Manipulation Section

Decision rationale: For the left ankle the progress reports provided from the treating physician do not show objective functional improvement as defined by MTUS. The MTUS does not recommend manipulation for the ankle. The patient reports in the AME report that she has no pain in the ankle and that the ankle pain has been resolved. I find that the 2-3 chiropractic sessions requested to the left ankle over 6 weeks to not be medically necessary and appropriate.