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| Case Number: | CM14-0206197 | | |
| Date Assigned: | 12/18/2014 | Date of Injury: | 10/11/2013 |
| Decision Date: | 02/09/2015 | UR Denial Date: | 11/25/2014 |
| Priority: | Standard | Application Received: | 12/09/2014 |

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 37 year old male who injured his neck, upper back, head, left knee, bilateral wrists and lower back on 10/11/2013. The mechanism of injury is not provided. The patient is status post-surgery for his left knee. The PTP reports that the patient complains of "frequent moderate to 5/10 sharp throbbing neck pain stiffness and numbness and constant to moderate 6/10 achy sharp low back pain, stiffness, numbness and tingling." For his neck and lower back complaints the patient has been treated with medications, physical therapy and chiropractic care. The diagnoses assigned by the PTP are cervical disc protrusion, cervical myospasm, cervical pain, cervical radiculopathy, lumbar pain, lumbar myospasm and lumbar sprain/strain. There are no diagnostic imaging studies provided. The PTP is requesting 8 additional sessions of chiropractic care to the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, twice a week for four weeks for the low back and neck: Upheld

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

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 and Low Back Chapters, Manipulation Sections, and Other Medical Treatment Guideline
or Medical Evidence: MTUS Definitions Page 1

Decision rationale: The patient has suffered injuries to multiple body regions. Chiropractic care has been rendered to the patient in the past for his neck and low back complaints. The chiropractic treatment records are present in the records provided. 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 chiropractic progress reports provided in the records do not show objective functional improvement with the rendered 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. All range of motion studies are the same with each progress report spanning 6 months of treatment. Pain levels are not consistently recorded. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 8 additional chiropractic sessions requested to the cervical and lumbar spine to not be medically necessary and appropriate.