

Case Number:	CM14-0206215		
Date Assigned:	12/18/2014	Date of Injury:	07/08/2008
Decision Date:	02/10/2015	UR Denial Date:	11/21/2014
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 45 year old female who sustained injuries to her neck, upper back and right shoulder on 07/08/2008 while performing her usual and customary duties as a paralegal. The mechanism of injury was a slip and fall. The patient is status post-surgery X 2 for her right shoulder. Per the PTP's progress report the patient complains of "pain, clicking, catching, tenderness, limitation of motion and weakness in the cervical spine with radiation of pain into both shoulder girdles and the upper back with radiating pain, numbness and tingling into the right upper extremity." The patient has been treated with medications, chiropractic care, electrical stimulation, home exercises and physical therapy. The diagnoses assigned by the PTP for her neck are right cervical radiculopathy and cervical disc protrusions at C4-5 and C6. There are no MRI studies in the records provided. An EMG/NCV study of the upper extremities has been within normal limits. The PTP is requesting 6 additional sessions of chiropractic care to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic visits 2x3 for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

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, and on Other Medical Treatment Guideline or Medical Evidence: MTUS Definitions Page 1

Decision rationale: The patient suffers from chronic injuries to several body regions sustained as a result of a slip and fall incident. The patient has received a trial of 6 sessions of chiropractic care. The MTUS ODG 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. Stating that the pain has decreased and range of motion increase does not provide objective functional improvement data as defined in The MTUS. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The chiropractic care records are not present in the records provided. I find that the 6 additional chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.