

Case Number:	CM15-0003045		
Date Assigned:	01/14/2015	Date of Injury:	04/02/2014
Decision Date:	03/10/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Chiropractic

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 38 year old male, who sustained an industrial injury on April 2, 2014, associated with a motor vehicle accident. He has reported low back pain located on the left side. The diagnoses have included lumbar region sprain/strain, thoracic region sprain/strain, and cervicgia. Treatment to date has included physical therapy, facet injection, chiropractic treatments, and medications. Currently, the injured worker complains of neck and low back pain. The Primary Treating Physician's report dated December 18, 2014, noted tenderness along the upper trapezius along cervical spine out towards the shoulder, with tenderness in the left quadratus lumborum with some tenderness in the left paraspinal musculature. Previous MRI findings demonstrated lumbar cervical disc changes. On December 26, 2014, Utilization Review non-certified chiropractic therapy times six visits for the neck and low back, noting the injured worker had prior chiropractic interventions without significant response. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 7, 2015, the injured worker submitted an application for IMR for review of chiropractic therapy times six visits for the neck and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy X 6 Visits For the Neck and Low Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck & Upper back and Low Back Chapter Page(s): Manipulation Sections. Decision based on Non-MTUS Citation Neck & Upper Back and Low Back Chapters MTUS Definitions

Decision rationale: The patient has injured his neck and low back as a result of a work related motor vehicle accident. The patient has received chiropractic care for his injuries in the past per the records provided. The MTUS Chronic Pain Treatment Guidelines and The ODG Neck and Low Back 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-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 that the patient has not responded to chiropractic treatment in his progress reports. There are no Improvements with treatment and no objective measurements are listed. The records provided by the primary treating chiropractor 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 and lumbar spine to not be medically necessary and appropriate.