

Case Number:	CM15-0004619		
Date Assigned:	01/15/2015	Date of Injury:	08/27/2002
Decision Date:	03/10/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/08/2015

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 67 year old female, who sustained an industrial injury on August 27, 2002. She has reported chronic neck pain. The diagnoses have included neck muscle strain, left trapezius strain, right trapezius strain, left forearm strain and right forearm muscle strain. Treatment to date has included chiropractic therapy, acupuncture therapy and pain medications. Currently, the injured worker complains of increased constant pain in the posterior neck, upper trapezii, both upper arms, both brachioradialis, right medial elbow, both wrists and both hands. The evaluating physician noted that this is the same pain she has complained of in the past and it flares up periodically. Acupuncture is noted to have been helpful in the past. On examination, the injured worker exhibited decreased range of motion, tenderness, pain and spasm in the posterior nuchal muscles. She had no bony tenderness, no swelling and no edema or deformity. On December 29, 2014 Utilization Review non-certified a request for six visits of chiropractic treatment for the cervical spine noting that the submitted documentation does not describe musculoskeletal deficits that would support the need of additional supervised rehabilitation, barriers to performance to a self-directed home exercise program or sustained benefit with the previous authorized eighteen chiropractic treatments. The California Medical Treatment Utilization Schedule was cited. On January 8, 2015, the injured worker submitted an application for IMR for review of six visits of chiropractic treatment for 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; 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck & Upper Back Chapter, Manipulation Section Page(s): 58. Decision based on Non-MTUS Citation Neck & Upper Back Chapter MTUS Definitions

Decision rationale: The patient in this case has suffered injuries to multiple body regions. The PTP is requesting 6 additional sessions of chiropractic care to the cervical spine. The patient has received 18 prior sessions per the records provided. The MTUS Chronic Medical Treatment Guidelines and The 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." 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 chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.