

Case Number:	CM15-0007422		
Date Assigned:	01/23/2015	Date of Injury:	05/22/2013
Decision Date:	03/17/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/13/2015

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 50 year old female, who sustained an industrial injury on 5/22/13. She has reported pain in neck, right arm and lower back. The diagnoses have included cervical and thoracolumbar strain, thoracic outlet syndrome, and right elbow cubital tunnel syndrome. Treatment to date has included medications, cortisone injection right shoulder, diagnostics, and physical therapy, acupuncture 24 sessions, and chiropractic 24 sessions. Currently, the IW complains of increased neck tightness, limited range of motion, increased neck pain at night and decreased sensation. There was positive spurling test and positive traps and rhomboid spasm. She had increased pain with activities of daily living (ADL's) and rated it a 4/10. She remains symptomatic and has had relief from chiropractic sessions in the past. On 12/19/14 Utilization Review non-certified a request for Chiropractic for the cervical and lumbar spine, 2 times a week for 6 weeks, quantity: 12 sessions, noting the medical necessity for the requested 12 additional chiropractic treatments was not established. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for the cervical and lumbar spine, 2 times a week for 6 weeks, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

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

Decision rationale: The patient has received chiropractic care for the neck and low back per the records provided. The 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 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 MTUS Chronic Pain Medical Treatment Guidelines recommend additional care with evidence of objective functional improvement. 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 chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. The chiropractic care records are not present in the records provided. The requested number of sessions far exceed The MTUS recommendations. I find that the 12 chiropractic sessions requested to the cervical and lumbar spine to not be medically necessary and appropriate.