

Case Number:	CM15-0009082		
Date Assigned:	01/27/2015	Date of Injury:	03/16/2012
Decision Date:	03/17/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/15/2015

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 46 year old female, who sustained an industrial injury on March 16, 2012. She has reported neck pain, and pain and weakness of the extremities. The diagnoses have included cervical degenerative disc disease with radiculopathy and lumbosacral radiculopathy. Treatment to date has included medications and chiropractic. Currently, the injured worker complains of continued neck pain with improvement of extremity weakness. The treating physician is requesting chiropractic treatment with craniosacral therapy for eight sessions. On December 26, 2014 Utilization Review non-certified the request for chiropractic treatments noting the lack of documentation to support the medical necessity of the treatments. The MTUS chronic pain medical treatment guidelines were cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic (including craniosacral therapy) 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommends additional chiropractic care with evidence of objective functional improvement. The patient has received prior chiropractic care 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." 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 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 8 chiropractic sessions requested to the cervical and lumbar spine to not be medically necessary and appropriate.