

Case Number:	CM15-0130001		
Date Assigned:	07/16/2015	Date of Injury:	08/20/1999
Decision Date:	08/18/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/07/2015

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 54 year old female, who sustained an industrial injury on 8/20/1999. Diagnoses include cervical spine herniated nucleus pulposus and left thumb osteoarthritis. Treatment to date has included conservative care including work restrictions, medications, physical therapy, chiropractic care and acupuncture. Magnetic resonance imaging (MRI) of the cervical spine dated 10/28/2010 showed disc disease and uncovertebral hypertrophy causing bilateral neural foraminal narrowing at C3-4. Per the Primary Treating Physician's Progress Report dated 5/28/2015, the injured worker reported continued neck pain and headaches increased in the last few weeks. Her left thumb is improved with brace but still weak. Physical examination of the cervical spine revealed positive swelling and bilateral spasms with decreased range of motion. There was positive weakness of the left thumb with decreased range of motion due to pain. The plan of care included a cervical collar and chiropractic massage and exercises. Authorization was requested for 12 additional visits of chiropractic care (2x6) 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 visits 2x6 for cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back/Manipulation.

Decision rationale: The patient has received chiropractic care for her chronic cervical spine injury in the past. The date of injury is 8/20/1999. The past chiropractic treatment notes are not present in the materials provided. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Neck & Upper Back Chapter also recommends up to 18 additional chiropractic care sessions over 6-8 weeks with evidence of objective functional improvement. 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." There have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 12 additional chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.