

Case Number:	CM15-0140923		
Date Assigned:	07/30/2015	Date of Injury:	03/29/2004
Decision Date:	09/02/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/20/2015

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 64 year old female, who sustained an industrial injury on 3-29-2004. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical disc degeneration, cervical disc displacement without myelopathy, malaise and fatigue and brachial neuritis-radiculitis. There is no record of a recent diagnostic study. Treatment to date has included chiropractic therapy, physical therapy and medication management. In a progress note dated 5-22-2015, the injured worker complains of neck and right shoulder pain with numbness and weakness. Physical examination showed trapezial tenderness and decreased cervical range of motion. The treating physician is requesting 12 additional chiropractic treatments to the cervical spine, including six (6) sessions of MLS laser.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, including six (6) sessions of MLS laser: 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 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 2004 dated cervical spine injury in the past per the PTP's notes. 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 however, it is silent on manipulation for the cervical spine. The ODG Neck and Upper Back Chapter recommends up to 18 chiropractic care sessions over 6-8 weeks months 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 [REDACTED] ([REDACTED]) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There has been no objective functional improvements with the care in the past per the treating physician's progress notes reviewed. In the absence of information from prior chiropractic care rendered I find that the 12 additional chiropractic sessions requested to the cervical spine, 6 of which must be MLS laser treatment to not be medically necessary and appropriate.