

Case Number:	CM15-0141425		
Date Assigned:	07/31/2015	Date of Injury:	12/19/1997
Decision Date:	08/31/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/21/2015

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 63 year-old female, who sustained an industrial injury on 12-19-1997. She has reported injury to the neck and upper back. The diagnoses have included thoracic sprain- strain. Treatment to date has included medications, diagnostics, heat, ice, home exercise program, and chiropractic therapy. A progress note from the treating physician, dated 06-09-2015, documented a follow-up visit with the injured worker. The injured worker reported a significant, insidious, non-traumatic onset of right upper back pain for the past two weeks; the right upper back pain is restricting her neck motion; the pain radiates from her right upper back into her right shoulder region when pushing up off a table; home treatment of ice and stretching has not been helpful; her pain is increasing since the onset of the flare-up; the pain is rated at 7-8 out of ten on the pain scale; and her activities of daily living are restricted. Objective findings included +2 tenderness at the right T1-T6 region; cervical range of motion is decreased and painful; positive Soto-Hall for moderate cervical and upper thoracic pain; positive shoulder depression bilaterally; positive cervical distraction; and Jackson's test is bilaterally positive. The treatment plan has included the request for additional chiro sessions, 2 x 1 x 4 weeks - 1 x 2 weeks, 10 visits for upper back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiro sessions, 2 x 1 x 4 weeks/1 x 2 week, -10 visits for upper back: 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 1997 dated thoracic spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. The past chiropractic treatment records submitted for review 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 but is silent on the thoracic spine. 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 objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed however, the 10 requested chiropractic treatment sessions far exceed The ODG recommended number. The UR department has reviewed the request and approved 4 additional sessions. I find that the 10 additional chiropractic sessions requested to the thoracic spine is not medically necessary or appropriate.