

Case Number:	CM15-0163837		
Date Assigned:	09/01/2015	Date of Injury:	02/19/2015
Decision Date:	09/30/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/20/2015

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:

This 46 year old male sustained an industrial injury to the neck, back wrist and hands via motor vehicle accident on 2-19-15. Magnetic resonance imaging lumbar spine (4-8-15) showed disc desiccation with disc protrusion at L3-4 and L4-5. Magnetic resonance imaging right wrist (4-8-15) showed bone bruising. Previous treatment included physical therapy (six sessions), chiropractic therapy (six sessions) and medications. In a pain management PR-2 dated 5-13-15, the physician noted that the injured worker exhibited subjective and objective improvement following physical therapy with decreased pain levels and tenderness and increased range of motion and strength. The physician recommended continuing chiropractic therapy with six additional sessions. In a pain management PR-2 dated 6-12-15, additional chiropractic therapy had been denied. The physician stated that the injured worker had regressed, was taking more medications and was inquiring about opioids. Physical exam was remarkable for cervical spine with palpable trigger points and decreased and painful range of motion and lumbar spine with tenderness to palpation at bilateral facets and paraspinal musculature with palpable trigger points. Current diagnoses included cervical spine spondylosis, lumbar spine spondylosis, cervical spine sprain and strain and whiplash. The treatment plan included continuing chiropractic therapy (twelve sessions) to the cervical spine and requesting medications (Duexis and Robaxin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the cervical spine; 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 6 chiropractic care sessions for his cervical spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. 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 but is silent on the cervical spine. The ODG Neck & Upper Back Chapter recommends additional chiropractic care sessions up to 18 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 has been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The objective findings report the patient's mood, distress levels, hygiene and coordination. No objective measurements are reported. I find that the 12 additional chiropractic sessions requested to the cervical spine are not medically necessary and appropriate.