

Case Number:	CM15-0166143		
Date Assigned:	09/03/2015	Date of Injury:	06/21/2010
Decision Date:	10/06/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/24/2015

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 35 year old female sustained an industrial injury on 6-21-10. She subsequently reported back and upper extremity pain. Diagnoses include lumbago and cervicgia. Treatments to date include MRI testing, physical therapy, TENS treatment, chiropractic care, acupuncture, injections and prescription pain medications. The injured worker has continued complaints of pain in the neck down to the low back. Upon examination, there was tenderness to palpation in the lumbar paraspinals, cervical paraspinals and midline and thoracic paraspinals. A request for Chiropractic Manipulation Lumbar, Thoracic, Cervical, QTY: 8 additional sessions, was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation Lumbar, Thoracic, Cervical, QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Chiropractic 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, Low Back/Manipulation.

Decision rationale: The patient has received chiropractic care for her cervical, thoracic and lumbar spine injury in the past. 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 and Low Back Chapters also recommends additional chiropractic care sessions with evidence of objective functional improvement. For the lumbar spine the ODG recommends 1-2 additional sessions over 4-6 months. The ODG Neck & Upper Back Chapter recommends up to 18 sessions over 6-8 weeks. 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 physician's progress notes reviewed. The number of sessions requested far exceed The ODG and MTUS recommendations. Objective functional improvement cannot be measured without the past chiropractic care records. I find that the 8 additional chiropractic sessions requested to the cervical, thoracic and lumbar spine to not be medically necessary and appropriate.