

Case Number:	CM15-0180224		
Date Assigned:	09/22/2015	Date of Injury:	04/13/2015
Decision Date:	10/27/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/14/2015

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 47 year old man sustained an industrial injury on 4-13-2015. The mechanism of injury is not detailed. Diagnoses include cervical spine musculoligamentous injury with discopathy, cervical spine spondylosis, cervical spine sprain-strain, lumbar spine sprain-strain, discogenic low back pain, and bilateral shoulder sprain. Treatment has included oral medications, chiropractic care, and physical therapy. Physician notes dated 8-11-2015 show complaints of lumbar spine pain rated 6 out of 10, bilateral shoulder pain rated 6 out of 10, neck pain rated 6 out of 10, bilateral knee pain rated 5 out of 10, foot pain rated 5 out of 10, and bilateral leg pain rated 3 out of 10. The medications are noted to be helping without further description. The physical examination shows tenderness to palpation of the cervical and lumbar spine, cervical spine spasms, decreased lumbar spine range of motion, cervical spine range of motion noted to be flexion 40 degrees, extension 20 degrees, right lateral flexion 20 degrees, left lateral flexion 20 degrees, right lateral rotation 30 degrees, left lateral rotation 30 degrees, shoulder range of motion abduction bilateral 60 degrees, adduction bilateral 40 degrees, flexion bilateral 60 degrees, extension bilateral 30 degrees, bilateral shoulders are tender to palpation, bilateral knees are tender to palpation, range of motion shows right knee flexion 120 degrees and bilateral knee extension 0 degrees, the left knee has a positive click, no numbness or tingling, and sensation is intact. Recommendations include physical therapy, chiropractic care, continue current medications, continue psychiatric treatment, and follow up in six weeks. The PTP requested 12 additional sessions of chiropractic care to the cervical and lumbar spine. Utilization Review modified a request for chiropractic care citing there was no documentation of functional improvement from prior therapy; therefore, a modification is made to allow instruction on a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 times a week for 6 weeks (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. 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 his cervical and lumbar spine injury in the past. One past chiropractic treatment note is present in the materials provided and was reviewed. 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 Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. 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 have been no objective functional improvements with the care in the past per the treating chiropractor's progress note reviewed. The UR department has reviewed the request and approved 2 additional sessions of HEP not chiropractic. I find that the 12 additional chiropractic sessions requested to the lumbar spine and cervical spine to not be medically necessary and appropriate.