

Case Number:	CM15-0190899		
Date Assigned:	10/05/2015	Date of Injury:	07/13/1992
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/28/2015

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 is a 60-year-old female with a date of industrial injury 7-13-1992. The medical records indicated the injured worker (IW) was treated neck sprain-strain; spondylosis, thoracic; pain, lumbar spine; cervicgia; other unspecified back disorder; sprain-strain of the lumbar spine; and thoracic sprain-strain. In the follow-up evaluation notes (8-25-15), the IW reported increased neck pain rated 6 out of 10. On examination (8-25-15 notes), there was tenderness to palpation over the bilateral suboccipital region and bilateral paracervical region. Cervical compression test was negative. Cervical manual muscle testing was 5 out of 5. Anterior flexion was 50 degrees, extension 40 degrees and left and right lateral rotation was 70 degrees; all motion caused pain. Motor strength was grossly normal and upper and lower extremity sensation was grossly intact. The IW was working; she was permanent and stationary. Records submitted included notes from two of the requested dates of service: 8-21-15 and 10-30-14. Treatments included medications, physical therapy (helpful), home exercise and chiropractic therapy (helpful-for many years). A Request for Authorization was received for retrospective outpatient chiropractic visits for dates of service 6-26-14, 7-22-14, 8-21-14 and 10-30-14. The Utilization Review on 9-4-15 non-certified the request for retrospective outpatient chiropractic visits for dates of service 6-26-14, 7-22-14, 8-21-14 and 10-30-14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Outpatient chiropractic visits, DOS 06/26/14, 07/22/14, 08/21/14 and 10/30/14: Overturned

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/Manipulation.

Decision rationale: The patient has received chiropractic care for her cervical spine injury in the past. The total number of chiropractic sessions are unknown and not specified in the records provided for review. The treatment records in the materials submitted for review show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS recommends manipulation for chronic musculoskeletal conditions. The ODG Neck & Upper Back Chapter recommends up to 18 additional chiropractic care sessions over 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." The past chiropractic treatment notes are present in the materials provided for review. The ODG Neck and Upper Back Chapter recommends additional chiropractic care for flare-ups "with evidence of objective functional improvement." There has been objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 4 retrospective chiropractic sessions requested to the cervical spine to be medically necessary and appropriate for dates of service 6/26/14, 7/22/14, 8/21/14 and 10/30/14.