

Case Number:	CM15-0191180		
Date Assigned:	10/06/2015	Date of Injury:	09/30/2014
Decision Date:	11/16/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/29/2015

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 29-year-old male, who sustained an industrial injury on 9-30-2014. The medical records indicated chronic complaints of neck pain with radiation to upper extremities. Diagnoses include pain in limb, thoracic or lumbosacral neuritis or radiculitis, cervical sprain-strain, cervical radiculopathy, shoulder impingement and wrist tendinitis-bursitis. Treatments to date include activity modification, chiropractic care (6 sessions), medication therapy, and physical therapy. On 8-6-15, he complained of ongoing pain in the neck, left shoulder and left wrist. The physical examination documented cervical tenderness, spasm and guarding with decreased range of motion and decreased sensation over the left C6 dermatome. There was a positive impingement sign in the left shoulder with decreased range of motion. The left wrist demonstrated a positive Phalen's and reverses Phalen's tests. The plan of care included chiropractic therapy. This review will address the appeal requesting authorization for 12 additional chiropractic treatments for the cervical spine. The Utilization Review dated 8-28-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) chiropractic treatments, 3 times a week for the cervical spine: 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/Manipulation.

Decision rationale: The patient has received 6 chiropractic care for his cervical spine injury in the past. The past chiropractic treatment notes are not available in the materials provided. The treatment records from the Primary Treating Physician are provided in the materials submitted for review and do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. 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 not present in the materials provided for review. The ODG Neck and Upper Back Chapter recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." There have been no objective functional improvements with the care in the past per the treating (MD) physician's progress notes reviewed. I find that the 12 additional chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.