

Case Number:	CM15-0203464		
Date Assigned:	10/20/2015	Date of Injury:	03/04/2011
Decision Date:	12/03/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/15/2015

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 41 year old female, who sustained an industrial injury on 3-4-11. Medical records indicate that the injured worker is undergoing treatment for post-traumatic left knee osteoarthritis, cervical sprain-strain, cervical disc bulge, lumbar sprain-strain, lumbar disc degeneration, left shoulder sprain-strain and left shoulder acromioclavicular joint degenerative changes. The injured worker is working with restrictions. On (9-21-15) the injured worker complained of cervical, thoracic and lumbar spine pain. The pain was rated 6.5 out of 10 on the visual analogue scale which is worse than the prior visit. The injured worker also noted pain in the left knee rated 6 out of 10 on the visual analogue scale. Objective findings revealed left knee degenerative changes and a decreased range of motion. Objective findings related to the spine were not provided. A progress report dated 8-24-15 also did not provide objective findings related to the spine. Treatment and evaluation to date has included medications, MRI of the knee, physical therapy and a left knee medial meniscus repair. Current medications include Motrin and Norco. The request for authorization dated 10-2-15 included a request for chiropractic treatments two times a week for six weeks to the cervical, thoracic and lumbar spine. The Utilization Review documentation dated 10-7-15 non-certified the request for an initial trial of chiropractic treatments two times a week for six weeks to the cervical, thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 6 weeks for the cervical, thoracic, and lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

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 not received chiropractic care for her cervical, thoracic or lumbar spine injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Neck & Upper Back and Low Back Chapters all recommend an initial trial of 6 sessions of chiropractic care over 2 weeks with additional chiropractic care sessions with evidence of objective functional improvement. The medical reports and notes were reviewed in the materials provided. However, documentation of exam findings pertaining to neck, upper back or lower back symptoms, pain levels, orthopedic tests and range of motion are not listed. All exam findings documented by the PTP list the knee as the only body region examined. The necessity for chiropractic care is not established for the cervical, thoracic or lumbar spine. The MTUS recommends an initial trial of 6 sessions. I find that the 12 initial chiropractic sessions requested far exceed The MTUS recommended number and thus chiropractic care to the cervical, thoracic and lumbar spine is not medically necessary and appropriate.