

Case Number:	CM15-0021800		
Date Assigned:	02/11/2015	Date of Injury:	09/18/2014
Decision Date:	03/31/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/05/2015

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 50 year old female, who sustained an industrial injury on 9/18/2014. She reports a fall from a desk, injuring the neck, shoulders, low back and right leg. Diagnoses include cervical/trapezius musculo-ligamentous sprain/strain and right upper extremity radiculitis, lumbar musculo-ligamentous sprain/strain and bilateral lower extremities radiculopathy, bilateral shoulder per scapular strain, bilateral wrist sprain and forearm strain and cervico-genic headaches. Treatments to date include physical therapy and medication management. A progress note from the treating provider dated 12/29/2014 and 1/5/2015 indicates the injured worker reported pain in the neck and back. On 1/26/2015, Utilization Review non-certified the request for chiropractic re-evaluation and additional treatment 3 times a week for 4 weeks, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic re-evaluation, neck, low back, bilateral shoulders & bilateral wrists:

Overtaken

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Definitions

Decision rationale: The patient needs to be re-evaluated in order for functional improvement to be measured. 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." Evaluation and re-evaluations are needed per The MTUS in order for functional improvement to be addressed. I find that the chiropractic re-evaluation requested to the neck, low back, bilateral shoulders and wrists to be medically necessary and appropriate.

Additional chiropractic, 3 times a week, neck, low back, bilateral shoulders & bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: The patient has received 16 prior chiropractic care sessions for her injuries. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Neck & Upper Back and Low back Chapters for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." 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 ODG Shoulder chapter recommends 9 visits over 8 weeks. The ODG Forearm, Wrist and Hand Chapter does not recommend manipulation for the wrist. The PTP describes some Improvements with treatment but no objective measurements are listed. The range of motion is not documented. The pain intensities on VAS scale are not documented by the treating chiropractor. The records provided by the primary treating physician and chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 12 chiropractic sessions requested to the neck, low back, bilateral shoulders and wrists to not be medically necessary and appropriate.

