

Case Number:	CM15-0026331		
Date Assigned:	02/18/2015	Date of Injury:	04/26/2013
Decision Date:	05/12/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/11/2015

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 61 year old male sustained an industrial injury to the head, face and neck on 4/26/13. Previous treatment included magnetic resonance imaging, computed tomography, electromyography, detached retina repair, chiropractic therapy and medications. In a PR-2 dated 2/4/15, the injured worker complained of episodes of his neck freezing up as well as ongoing left temple pain. Physical exam was remarkable for cervical spine with tenderness to palpation to the right paraspinal musculature with normal strength, sensation and deep tendon reflexes to bilateral upper extremities. Current diagnoses included cervical spine radiculopathy, post-concussion syndrome and cervical spine sprain/strain. The treatment plan included maintenance chiropractic therapy. The physician noted that the injured worker had received 24 previous chiropractic therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 18-24 sessions Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation ODG Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back Chapter, Manipulation Section/MTUS Definitions Page 1.

Decision rationale: The patient has received prior chiropractic care for his cervical spine (24 sessions). The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Neck & Upper Back Chapter 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 PTP describes some improvements with treatment but no objective measurements are listed. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The past chiropractic treatment records are not available for review. Even if these records were available, the extremely high number of sessions requested far exceeds the MTUS recommended number. I find that the 18-24 additional chiropractic sessions requested to the cervical spine is not medically necessary and appropriate.