

Case Number:	CM15-0217542		
Date Assigned:	11/06/2015	Date of Injury:	04/28/2008
Decision Date:	12/18/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/03/2015

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 54-year-old male who sustained an industrial injury on 4-28-2008 and has been treated for cervical, thoracic and lumbar spine sprain-strain; and, bilateral shoulder sprain-strain. He is noted to have had "Neck surgery" 6-6-2009. Diagnostic tests are not evident in the records provided. On 9-11-2015 the injured worker reported constant, "severe" pain in the neck, upper mid, and low back rated at 9 out of 10 and characterized as achy. The low back pain was radiating to both lower extremities. He also reported 10 out of 10 "severe," constant bilateral shoulder pain with stiffness and heaviness. Objective findings include cervical spine tenderness to palpation over bilateral trapezii, cervical paravertebral muscles and spinous processes, with extension noted at 25 degrees out of 60. Lumbar spine examination revealed no tenderness with flexion at 35 out of 60 degrees, and extension 5 out of 25 degrees. Both shoulders were tender to palpation. Range of motion was performed on the shoulders, but the copy of the note is partially illegible. Internal rotation appears to have some deviance. Documented treatment includes at least 6 acupuncture visits, unspecified physical therapy visits, ice, Anaprox, Norco, and Cyclobenzaprine. A request was noted 7-30-2015 for epidural steroid injection, but documentation does not show evidence of this procedure being performed. At this visit, the treating physician is requesting multiple treatments including a functional capacity evaluation, TENS unit, LINT therapy, shockwave therapy, psychiatric consultation, 8 additional sessions of physical therapy, 8 sessions of acupuncture, Norco, Soma, and Tramadol. This request relates to a submitted request for authorization for chiropractic therapy twice a week for four weeks to the cervical spine, which was non-certified on 10-9-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chiropractic therapy two (2) times a week for four (4) weeks (unspecified body part): 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/Manipulation.

Decision rationale: The patient has received chiropractic care for his 2008 dated cervical spine injury in the past. The total number of chiropractic sessions is unknown and not specified in the records provided for review. The past chiropractic treatment and progress notes are not available in the materials provided. The treatment records in the materials submitted for review 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, up to 18 sessions "with evidence of objective functional improvement." There have been no objective functional improvements with the care in the past per the primary treating physician's (MD) notes reviewed. The number of chiropractic sessions to date is not specified. I find that the 8 additional chiropractic sessions requested to the cervical spine is not medically necessary and appropriate.