

Case Number:	CM15-0223839		
Date Assigned:	11/20/2015	Date of Injury:	04/01/2003
Decision Date:	12/30/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/13/2015

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 57 year old female, who sustained an industrial injury on 04-01-2003. A review of the medical records indicates that the worker is undergoing treatment for myalgia and segmental dysfunctional of the cervical and thoracic spine. Treatment has included chiropractic therapy sessions. The medical documentation submitted consists of multiple chiropractic therapy notes. Subjective complaints during the most recent visit note (10-22-2015) included an exacerbation of upper back pain in the last two days due to sitting in long meetings. Objective findings (10-22-2015) included active myofascial trigger points in the paravertebral musculature of the cervical and thoracic spine with joint restrictions. The physician noted that as a result of aggravation the worker would need additional treatments to settle down her condition and that it should take 4 treatments to get her to the point she was recently. Documentation shows that the worker underwent at least 15 chiropractic therapy sessions from 04-22-2015-10-19-2015. Subjective findings showed continued neck and upper back pain that was either documented as unchanged or with some improvement. Objective findings showed active myofascial trigger points in the paravertebral musculature of the cervical and thoracic spine with continued joint restrictions in the cervical and thoracic spines. There was no documentation of significant pain relief or objective functional improvement with treatment sessions. Pain levels before and after therapy were not quantified and there was no documentation on of an improvement of activities of daily living or specific functional gains documented. A utilization review dated 10-30-2015 non-certified a request for additional therapeutic procedure, muscle stimulation and manipulation 2 times a week for 2 weeks (4 visits).

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic procedure, muscle stimulation and manipulation 2 times a week for 2 weeks (4 visits): 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 rationale: The patient has received chiropractic care for her cervical spine injury in the past. The past chiropractic treatment notes are present in the materials provided. The total number of chiropractic sessions to date are unknown and not specified in the records provided for review. 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 recommends 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 chiropractor's progress notes reviewed. The number of chiropractic sessions to date is not specified. I find that the 4 additional chiropractic sessions requested to the cervical spine are not medically necessary and appropriate.