

Case Number:	CM15-0032299		
Date Assigned:	02/25/2015	Date of Injury:	06/14/2011
Decision Date:	04/07/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/20/2015

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 66 year old female, who sustained an industrial injury on June 14, 2011. The injured worker has reported head, neck, shoulder and back pain. The diagnoses have included chronic pain syndrome, lumbago, cervicgia and myalgia and myositis. Treatment to date has included pain medication, electrodiagnostic studies and a home exercise program. Current documentation dated January 12, 2015 notes that the injured worker complained of an increase in neck pain and low back pain. The pain was rated at a six-seven out of ten on the Visual Analogue Scale. Current medication improves the injured worker's symptoms by fifty percent. Physical examination of the lumbar spine revealed tenderness and a decreased range of motion. Straight leg raise was negative. Examination of the cervical spine revealed tenderness, muscle spasms and a decreased range of motion. Moderate trigger points with taut bands were noted in the cervical paraspinal muscles with a twitch response correlating to her pain. On January 21, 2015 Utilization Review non-certified a chiropractic care 12 sessions to the neck and lower back. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care, 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Manual Therapy and Manipulation.

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

Decision rationale: It is not clear from the records provided if patient has received prior chiropractic care 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 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 same sections recommend an initial trial of 6 sessions of chiropractic care. The PTP does not document objective measurements in his progress reports. There are no records if any exist, by the treating chiropractor. In either case, the requested number of initial trial of chiropractic sessions exceed the 6 sessions recommended by The MTUS. If prior case has been completed, objective functional improvement is absent. I find that the 12 chiropractic sessions requested to the cervical and lumbar spine to not be medically necessary and appropriate.