

Case Number:	CM15-0046100		
Date Assigned:	03/18/2015	Date of Injury:	10/06/1980
Decision Date:	11/17/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/11/2015

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:

The injured worker is a 76 year old female who sustained an industrial injury on 10-6-80. The injured worker reported neck pain, thoracic pain, shoulder and trapezius pain. A review of the medical records indicates that the injured worker is undergoing treatments for cervical sprain, cervicogenic headache and myofascitis. Medical records dated 2-16-15 indicate the injured worker was in "moderate pain". Provider documentation dated 2-16-15 did not note the work status. Prior treatment was not included. Objective findings dated 2-16-15 were notable for spasm to the rhomboid and trapezius muscles, decreased cervical range of motion, "shoulder depression testing is positive for neck and upper back pain bilaterally". The original utilization review (2-24-15) denied a request for 6 chiropractic manipulation visits for the cervical spine. The UR department modified the request to 2 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic manipulation visits for the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 her cervical spine injury in the past. The total number of chiropractic sessions is unknown and not specified in the records provided for review. The case is 35 years old. The patient has been granted 12-24 sessions of chiropractic care per year per the AME. The UR reviewer has opined that The MTUS allows 1-2 additional sessions over 4-6 months. However, this is an erroneous citing of The MTUS. The MTUS Chronic Pain Medical Treatment Guidelines allows 1-2 additional sessions over 4-6 months for the lumbar spine. The MTUS is silent on the treatment of cervical spine using manipulation. 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." The patient's treating chiropractor of 25 years has retired and a new chiropractor has been treating the patient for the past year. The ODG does not place a yearly limit of chiropractic care on any given case. Given that the limit for the 12-24 sessions per year recommended by the AME has not been met for the past year and The ODG's recommendations for cervical spine treatment I find that the 6 additional chiropractic sessions requested to the cervical spine to be medically necessary and appropriate.