

Case Number:	CM15-0052872		
Date Assigned:	03/26/2015	Date of Injury:	03/19/2010
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/20/2015

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 51-year-old female, with a reported date of injury of 03/19/2010. The diagnoses include cervical radiculopathy, cervical disc herniations at C5-6 and C6-7 with neural foraminal narrowing. Treatments to date have included chiropractic therapy, oral medications, acupuncture, physical therapy, and MRI of the cervical spine, and electro diagnostic studies. The progress report dated 01/29/2015 indicates that the injured worker reported having difficulty sleeping due to the pain. She stated that her neck pain had increased and continued to be severe at times. The neck pain was rated 8 out of 10. It was noted that she had completed five visits of chiropractic therapy. The injured worker stated that the treatments relaxed her neck and had improved her neck range of motion and decreased the pain over her right upper trapezius/shoulder. She stated that she was able to sleep better following the chiropractic treatment and it increased her ability to function at work. The physical examination showed decreased cervical range of motion with pain, pain with cervical facet loading bilaterally, and decreased sensation in the left C6 dermatome. The treating physician requested eight additional chiropractic visits for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 visits of chiropractic treatment for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 Chapter, Manipulation Section/MTUS Definitions page 1.

Decision rationale: The patient has received prior chiropractic care to the cervical spine. 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 functional measurements are listed. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The treating chiropractor's notes are absent from the records provided. I find that the 8 additional chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.