

Case Number:	CM15-0053152		
Date Assigned:	03/26/2015	Date of Injury:	05/06/2010
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
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 35 year old female who sustained an industrial injury on 5/6/10. The injured worker reported symptoms in the neck and lower back. The injured worker was diagnosed as having musculoligamentous sprain thoracic spine, musculoligamentous sprain/strain lumbar spine, carpal tunnel syndrome bilateral wrists, chronic pain and disability with delayed functional recovery. Treatments to date have included chiropractic care, lumbar brace, non-steroidal anti-inflammatory drugs, home exercise program, physiotherapy, transcutaneous electrical nerve stimulation, and physical therapy. Currently, the injured worker complains of pain in the neck and lower back. The plan of care was for chiropractic treatments and a follow up appointment at a later date. The PTP is requesting 6 additional sessions of chiropractic care to the neck and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times per week for 3 weeks to lumbar and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & 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: The patient has received prior chiropractic care for her injuries. However, the chiropractic treatment notes are not present in the materials provided for review. 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 Chapters 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 measurements are listed. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The prior chiropractic treatment notes are not present in the records provided. I find that the 6 additional chiropractic sessions requested to the cervical and lumbar spine are not medically necessary or appropriate.