MAXIMUS Federal Services

Case Number:	CM15-0059766		
Date Assigned:	04/06/2015	Date of Injury:	05/25/2012
Decision Date:	05/12/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/30/2015

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 48 year old male, who sustained an industrial injury on May 25, 2012. The injured worker was diagnosed as having cervical spine disc bulge, thoracic sprain/strain, lumbar spine disc rupture, and right shoulder internal derangement. Treatment to date has included electromyography (EMG)/nerve conduction velocity (NCV), physical therapy, and medication. Currently, the injured worker complains of neck, upper back, lower back, and right shoulder pain. The Primary Treating Physician's report dated February 25, 2015, noted the injured worker reporting physical therapy helped with pain in the past. Physical examination was noted to show painful range of motion (ROM) in the lumbar spine with light touch sensation intact. The treatment plan was noted to include cervical and lumbar epidural blocks, pain medicine consultation, with the injured worker requesting to continue with chiropractic treatments 12 sessions or physical therapy with his last therapy session approximately two weeks prior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x week x 6 weeks (12 sessions), right shoulder, cervical, thoracic and lumbar 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, Shoulder and Low Back Chapters, Manipulation Sections/MTUS Definitions page 1.

Decision rationale: The patient has received prior chiropractic care for his injuries (6 sessions). The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Low Back and Neck & Upper Back Chapters for Recurrences/flare-ups state: "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 ODG Shoulder chapter recommends 9 sessions over 8 weeks. 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 patient has completed 6 sessions so far, per the records provided. The records provided by the treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. The number of sessions requested far exceeds The MTUS recommended number. I find that the 12 additional chiropractic sessions requested to the right shoulder, cervical, thoracic and lumbar spine to not be medically necessary and appropriate.