

Case Number:	CM15-0062604		
Date Assigned:	04/08/2015	Date of Injury:	08/20/2001
Decision Date:	07/03/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/02/2015

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 65 year old male, who sustained an industrial injury on 08/20/2001. He has reported subsequent bilateral foot and ankle, foot, head, neck, bilateral hand and low back pain and was diagnosed with bilateral foot, cervical spine and lumbar spine muscoligamentous injury, post-traumatic headaches and bilateral carpal tunnel syndrome. Treatment to date has included oral pain medication, physical therapy, chiropractic therapy, acupuncture and surgery. In a progress note dated 03/16/2015, the injured worker complained of bilateral foot and ankle pain, headaches, neck, bilateral hand and low back pain. Objective findings were notable for decreased cervical range of motion, spinous process tenderness, paravertebral tenderness and anterior scalene muscle spasm, cervical distraction and shoulder depression, tenderness to palpation of the wrists and hands, positive Phalen's and Tinel's signs, palmar snuffbox and dorsal snuffbox tenderness, thoracolumbar paravertebral muscle spasms and positive Kemp's test. A request for authorization of additional chiropractic therapy for the neck, head and low back 1x week x 6 weeks was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 time a week for 6 weeks to the neck, head and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Chiropractic.

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

Decision rationale: The patient has received chiropractic care for his cervical spine injury in the past. The chiropractic treatment records in the materials submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Neck & Upper Back and Low Back Chapters recommend 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The ODG Head Chapter recommends manipulation for headaches. 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 MTUS Chronic Pain Medical Treatment Guidelines and The ODG Neck and Upper Back and Low Back Chapter recommends additional chiropractic care for flare-ups "with evidence of objective functional improvement." There has been no objective functional improvements with the care in the past per the PTP's progress notes reviewed. Progress reports were reviewed from the treating chiropractor from September 2014 to March 2015. All range of motion and orthopedic findings have been documented to be identical with no improvement. The number of requested sessions far exceed The MTUS recommendations. I find that the 6 additional chiropractic sessions requested to the cervical spine, lumbar spine and head to not be medically necessary and appropriate.