

Case Number:	CM15-0085202		
Date Assigned:	05/07/2015	Date of Injury:	06/28/1992
Decision Date:	06/11/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/04/2015

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 77 year old female, who sustained an industrial injury on 06/08/1992. On provider visit dated 03/23/2015 the injured worker has reported bilateral neck pain that extends to the upper back-low back pain. On examination the thoracic and lumbar spine was noted as having tenderness upon palpation, also noted as having hypertonicity, pain, and being taut. Per documentation the injured worker was noted as having an acute exacerbation of chronic pain. The diagnoses have included chronic nonallopathic lesion of cervical region, chronic nonallopathic lesion of thoracic region, chronic nonallopathic lesion of lumbar region, chronic degenerative lumbar/lumbosacral intervertebral disc, chronic degenerative of cervical intervertebral disc and chronic unspecified myalgia and myositis. Treatment to date has included an unclear number of completed chiropractic therapy sessions. The provider requested retrospective request for chiropractic treatments 4 sessions (DOS 12/8/14, 1/19/15, 2/9/15, and 3/23/15) to the cervical, thoracic and lumbar spine. The carrier has modified the request and approved 2 sessions of the 4 requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for chiropractic treatment (DOS 12/8/14,1/19/15,2/9/15,3/23/15):

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 & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back and Low Back Chapter, Manipulation Section/MTUS Definitions Page 1.

Decision rationale: The patient has received over 20 sessions of chiropractic care in the past 3 years per the records provided. The chiropractic treatment records in the materials submitted for review do not show objective functional improvement with the past chiropractic care rendered. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Neck & Upper Back and Low Back Chapters recommend additional chiropractic care with evidence of objective functional improvement, 1-2 sessions every 4-6 months. 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 UR physician, after a peer to peer discussion with the treating chiropractor has modified the retroactive request for 4 sessions and approved 2 sessions per MTUS recommendations. The ODG Neck & Upper Back and Low Back Chapters and The Chronic Pain Medical Treatment Guides recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." No objective functional gains have been evidenced with the past rendered chiropractic care. I find that the 4 retroactive chiropractic sessions requested to the cervical, thoracic and lumbar spine to not be medically necessary and appropriate.