

Case Number:	CM13-0034439		
Date Assigned:	12/13/2013	Date of Injury:	12/01/2010
Decision Date:	03/25/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/15/2013

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. The expert reviewer is Board Certified in Chiropractic and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient injured his neck, upper back and lower back on 12/01/2010. The mechanism of injury is not provided in the records. Per the PTP's report "On September 2013 he complained of continued neck pain with radiation to the left upper extremity increased with posturing. He also complained of ongoing low back pain aggravated by prolonged sitting, standing, lifting and bending." Patient has been treated with medications and chiropractic care. Diagnoses assigned by the PTP are cervical sprain/strain, cervical disc bulges and thoracic sprain/strain with disc bulges. MRI of the cervical spine dated 1/26/12; per PTP's report reveal 2.8 to 3.5 mm broad based disc protrusions at C3-C6, 2 mm disc bulges at T4 to T6, 3.5 mm broad based disc protrusion at T8/T9. The PTP is requesting 8 chiropractic sessions to the neck, upper back and lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY TREATMENT FOR 8 SESSIONS TO THE CERVICAL, THORACIC, AND LUMBAR SPINE 2X4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and Manual Therapy Page(s): 58-60.

Decision rationale: Records of prior chiropractic care do not exist in the materials provided for review. The only notes that exist are those of the PTP's Supplemental medical-Legal Report dated 1/17/2014 in which a brief history, current complaints and findings are discussed. 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." MTUS Chronic Pain Medical Treatment Guidelines p. 58-59 state that Manual therapy and manipulation is "recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities." Records provided do not show objective functional improvements with ongoing chiropractic treatments rendered. The 8 chiropractic sessions requested to the neck, upper back and lower back are not medically necessary and appropriate.