

Case Number:	CM14-0125994		
Date Assigned:	09/24/2014	Date of Injury:	11/27/2012
Decision Date:	11/10/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/08/2014

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 Licensed 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 claimant is a 54-year-old female who injured her neck, upper back and low back on 11/27/2012 while employed as a machine operator. Per the specialty physician's report the patient complains of "moderate to severe pain in the neck, mid back and low back. She states that she experiences radiating neck pain through her shoulders to her hands bilaterally with associated numbness in her hands. The patient also reports experiencing radiating low back pain to her bilateral legs." The patient has been treated with medications, home exercises, chiropractic care and physical therapy. Diagnoses assigned by the PTP are cervical spine strain with possible discopathy and radiculopathy, thoracic spine strain with disc bulge and lumbar strain with disc bulges at L4-5. MRI scans of the upper and lower back have revealed a 2 mm broad based disc bulge at T11-12 and a 2 mm broad based disc bulge at L4-5. Cervical spine MRI has been requested but not authorized. The patient has been returned to work with restrictions. The PTP is requesting 8 additional chiropractic treatment 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 for the cervical, thoracic, lumbar spine two times a week for four weeks:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back and Low Back Chapters, Manipulation Sections

Decision rationale: The records provided indicate that the patient has received prior chiropractic care. The ODG Neck & Upper Back and Low Back Chapters for recurrences/flare-ups state: "Need to re-evaluate treatment success, if RTW [return to work] 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 recommends additional care with evidence of objective functional improvement. The chiropractic treatment records in the materials submitted for review are not present and the records available from the PTP do not show any evidence of objective functional improvement with the chiropractic treatment rendered in the past. The 8 additional chiropractic sessions requested for the cervical, thoracic and lumbar spine are not medically necessary and appropriate.