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| Case Number: | CM14-0164366 | | |
| Date Assigned: | 10/09/2014 | Date of Injury: | 06/16/2012 |
| Decision Date: | 11/12/2014 | UR Denial Date: | 09/16/2014 |
| Priority: | Standard | Application Received: | 10/06/2014 |

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 patient is a 36 year old female who injured her neck and shoulders on 06/16/2012. Per the PTP's progress report the patient complains of "Neck pain. The neck pain occurs constantly. The pain radiates down left upper extremity. The pain radiates to the left hand. The patient's pain is accompanied by numbness frequently in the bilateral upper extremities to the level of the hand. The neck pain has been associated with bilateral occipital headache." The patient has been treated with medications, home exercises, chiropractic care, acupuncture, epidural injection and TENS. Diagnoses assigned by the PTP are cervical spine mild radiculitis and cervical radiculopathy. MRI scan of the cervical spine has shown C5-6 right paracentral to lateral recess disc extrusion with mild flattening of the central cord. The PTP is requesting 8 additional chiropractic treatment sessions to the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Chiropractic therapy sessions for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 63.

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

Decision rationale: The Medical treatment records in the materials submitted for review do not show any evidence of objective functional improvement with the chiropractic treatment rendered in the past. MTUS ODG Neck & Upper Back Chapter for Recurrences/flare-ups states : "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." 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 chiropractic treatment records are absent from the records provided. Therefore, the requested eight (8) Chiropractic therapy sessions for the Cervical Spine are not medically necessary and appropriate.