

Case Number:	CM14-0165915		
Date Assigned:	10/13/2014	Date of Injury:	04/25/1996
Decision Date:	11/13/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/08/2014

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 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 is a 58 year old female who injured her neck, upper back, hands, wrists shoulders and forearms on 4/25/1996 as a result of performing repetitive job duties. The chief complaints for the neck per the primary treating physician's comprehensive report are stated as follows "The patient complains of tight neck muscles and headache." Patient has been treated with medication, psychotherapy, chiropractic care and physical therapy. The diagnosis assigned by the treating chiropractor is cervical herniated disc. Diagnostic imaging studies, if any, are not provided in the records. The primary treatment provider (PTP) is requesting 6 additional chiropractic care sessions to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic therapy 1x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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 Chapter, Manipulation Section, Other Medical Treatment Guideline or Medical Evidence: MTUS Definitions Page 1.

Decision rationale: Per the review material provided, chiropractic care has been rendered to this patient in the past. The chiropractic care records provided do not show any objective functional improvement to substantiate additional chiropractic care per MTUS definitions. 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 ODG Neck and Upper Back Chapter recommend additional chiropractic care with evidence of objective functional improvement. Records provided do not show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 6 additional chiropractic sessions requested to the neck to not be medically necessary and appropriate.