

Case Number:	CM14-0166800		
Date Assigned:	10/14/2014	Date of Injury:	04/24/2002
Decision Date:	03/31/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/09/2014

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. 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 38-year-old female, who sustained an industrial injury on 4/24/2002. The diagnoses have included cervical, thoracic and lumbosacral sprain/strain. Treatment to date has included chiropractic spinal adjustment with myofascial release and physical therapy. Currently, the IW complains of recurrent back pain with spasm rated as 7/10. Objective findings included decreased range of motion with pain and spasm to the cervical and thoracic spine, and decreased upper extremity strength. On 9/29/2014, Utilization Review non-certified a request for chiropractic re-exam times one and three treatments to cervical and thoracic, consisting of spinal adjustment, myofascial release and physical therapy noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 10/09/2014, the injured worker submitted an application for IMR for review of chiro/physical therapy x 3, reevaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three chiropractic treatments to cervical and thoracic, consisting of spinal adjustment, myofascial release and physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back Chapter, Manipulation Section/MTUS Definitions

Decision rationale: The patient has received prior chiropractic care for her injuries. The year of injury is 2005. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The 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." 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 PTP describes some Improvements with treatment but no objective measurements are listed. The range of motion is documented to have decreased and/or increased as documented by the treating chiropractor. The records provided by the treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. Range of motion measurements and pain intensities (on VAS) are not documented. I find that the 3 chiropractic sessions requested to the cervical and thoracic spine to not be medically necessary and appropriate.

Retrospective chiropractic re-exam: Overturned

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

MAXIMUS guideline: MTUS- DEFINITIONS

Decision rationale: Re-evaluations and re-examinations on a periodic basis are important and needed. They are the only tool that a treating physician has to study and document the effectiveness of treatment. 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." I find that the retroactive chiropractic re-exam requested to be medically necessary and appropriate, per The MTUS.