

Case Number:	CM14-0087637		
Date Assigned:	07/23/2014	Date of Injury:	05/20/2000
Decision Date:	01/14/2015	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/11/2014

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 Internal Medicine 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 injured worker is a 56-year-old female, with a reported date of injury of 05/20/2000. The mechanism of injury and results of injury are not specified in the medical records provided. The diagnoses include late effects of overexertion/repetitive trauma injury; thoracic segmental dysfunction; and cervical segmental dysfunction. The treatments have included chiropractic care, electromyography (EMG), thermography study, a low back duo-support belt, hydrotherapy as needed, and hot/cold therapy as needed. The progress report (PR-2) dated 05/31/2012 indicates that the injured worker's primary complaint is mid-back pain. She stated that she occasionally has problems with mid-back pain while doing dishes, working on her computer, walking her dog, or while standing for approximately 10 minutes, with her arms down by her side. The injured worker indicated that she did not feel that her computer keyboard at work was the right height. She planned to have it ergonomically evaluated. The treating physician indicated that the injured worker would be referred to a psychiatrist to help her in reconditioning. The objective findings include normal cervical flexion, extension, and lateral flexion. There was decreased cervical rotation on the right and left. There was normal lumbosacral flexion/extension, and normal lumbosacral lateral flexion. The physical exam revealed mild to moderate soft tissue damage to the right posterior neck at C2, and the bilateral rhomboids were tender to touch with mild trigger points. The treating provider noted that the soft tissue damage was healing and was categorized as moderate, and that the surface EMG and thermography studies showed considerable improvement. On 05/29/2014, Utilization Review (UR) modified the request for chiropractic treatment times twelve (12). The UR physician noted that the injured worker had a recent exacerbation due to repetitive activities, which led to increased pain and sleep issues; therefore, partial certification of two (2) sessions of chiropractic treatment were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Pursuant to the Official Disability Guidelines, chiropractic treatment times 12 is not medically necessary. Chiropractic treatment of the lower back is recommended as an option. The guidelines indicate a trial of six visits over two weeks, with evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. Recurrences/flare-ups need to reevaluate treatment success, if returned to work achieve than one to two visits every 4 to 6 weeks. In this case, the injured worker received 44 sessions of chiropractic treatment between October 13, 2012 and January 29, 2014. The documentation indicates the injured worker had an exacerbation and August 28 2013. Progress note dated January 27, 2014 states "patient reported having an exacerbation of her mid thoracic pain over the weekend". This is a similar complaint to what was documented in the August 28, 2013 progress note. The guidelines indicate 1-2 chiropractic visits every 4 to 6 weeks are indicated for flare-ups/recurrences. Consequently, absent the appropriate documentation and clinical indications, chiropractic treatment times 12 is not medically necessary.