

Case Number:	CM15-0016239		
Date Assigned:	02/04/2015	Date of Injury:	01/09/1997
Decision Date:	03/24/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/28/2015

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 69 year old male who sustained an industrial injury to the back on January 9, 1997. There was no mechanism of injury documented. The injured worker was diagnosed with cervicothoracic and lumbar segmental dysfunction and associated myofascitis. According to the primary treating physician's progress report on December 23, 2014 the injured worker complains of flare ups with neck and back pain with stiffness. Restricted range of motion and myofascial tenderness improves with treatments. Current medications and related treatment modalities were not noted. According to the August 5, 2014 primary treating physician's progress report the injured worker completed 2 authorized chiropractic therapy sessions along with instructions in home care measures and exercises. The treating physician requested authorization for chiropractic manipulative therapy, home care instructions of the cervical thoracic and lumbar regions for two visits. On January 13, 2015 the Utilization Review denied certification for chiropractic manipulative therapy, home care instructions of the cervical thoracic and lumbar regions for two visits. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulative therapy, home care instructions of the cervico-thoraco-lumbar for two visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation Low Back Chapter MTUS Definitions

Decision rationale: The patient has received prior chiropractic care for the neck and low back. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Neck & Upper Back and Low Back Chapters 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. There are no objective measurements to compare patient's improvements from pre/post treatments. The records provided by the primary treating chiropractor do not show objective functional improvements with past chiropractic treatments rendered. I find that the 2 chiropractic manipulative therapy, home care instructions to the cervico-thoraco-lumbar to not be medically necessary and appropriate.