MAXIMUS Federal Services

Case Number:	CM15-0111998		
Date Assigned:	06/22/2015	Date of Injury:	07/11/2012
Decision Date:	07/24/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/10/2015

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 51 year old male injured worker suffered an industrial injury on 7/11/2012. The diagnoses included cervical myospasms, disc protrusion, and thoracic sprain/strain myospasm, and lumbar disc desiccation, right shoulder rotator cuff tear, left impingement syndrome, right wrist sprain/strain, right DeQuervain's tenosynovitis and right carpal tunnel syndrome. Chiropractic treatment has been rendered in the past. The diagnostics included lumbar magnetic resonance imaging and electromyographic studies. The injured worker had been treated with epidurals steroid injections. On 4/20/2015, the treating provider reported frequent moderate to severe neck pain with stiffness and cramping. There was frequent severe upper/mid back pain with stiffness and cramping. There was frequent severe low back pain. There was moderate left/right shoulder and right wrist pain. On exam there was decreased range of motion and tenderness to the cervical/lumbar spine/right shoulder/wrist. The treatment plan included 6 additional Chiropractic sessions to the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Chiropractic Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation/MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation ODG Neck and Upper Back Chapter, Manipulation Section.

Decision rationale: The patient has received prior chiropractic care for his cervical, thoracic and lumbar spine injuries in the past. One past chiropractic PR-2 report from 2012 is present in the materials provided and was reviewed. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. The treating chiropractor treated all three regions of the spine. In this case, the request is for the thoracic spine from the diagnosis code listed on the IMR application. However, the specific body region to which treatment is being requested at this time has not been specified. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Neck & Upper Back Chapter also recommends up to 18 additional chiropractic care sessions over 6-8 weeks with evidence of objective functional improvement. 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." There has been no objective functional improvements with the care in the past per the treating chiropractor's progress note reviewed and additional past chiropractic treatment records are not present for review. I find that the 6 additional chiropractic sessions requested to the thoracic spine are not medically necessary and appropriate.