

Case Number:	CM15-0116206		
Date Assigned:	06/24/2015	Date of Injury:	07/10/2014
Decision Date:	07/30/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/16/2015

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 27 year old female who sustained an industrial injury on July 10, 2014. She has reported pain in the back and right shoulder and has been diagnosed with scapulargia and back pain. Treatment has included medications, physical therapy, chiropractic care, and injection. There was tenderness and pain to the thoracic region. There was normal range of motion. There was normal range of motion to the lumbar spine. There was no tenderness, swelling, edema, or deformity to the right upper arm. There was normal range of motion to the right shoulder. The treatment request included chiropractic therapy to the right scapula and upper back for 8 additional sessions each.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2 x week x 4 weeks for 8 sessions for the right scapula: 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/MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation ODG Neck & Upper Back Chapter, Manipulation Section.

Decision rationale: The patient has received chiropractic care for his thoracic spine injury in the past. The past chiropractic treatment notes are not present in the materials provided. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. It is estimated per UR reviewer notes that the patient has completed 6-12 sessions of chiropractic care but this is not clear because the chiropractic treatment notes are not present for review. 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 and Upper Back Chapter also recommends additional chiropractic care sessions up to 18 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 physician's progress notes reviewed. I find that the 8 additional chiropractic sessions requested to the right scapula to not be medically necessary and appropriate.

Chiro 2 x week x 4 weeks for 8 sessions for upper back pain: Upheld

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

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

Decision rationale: The patient has received chiropractic care for his thoracic spine injury in the past. The past chiropractic treatment notes are not present in the materials provided. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. It is estimated per UR reviewer notes that the patient has completed 6-12 sessions of chiropractic care but this is not clear because the chiropractic treatment notes are not present for review. 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 and Upper Back Chapter also recommends additional chiropractic care sessions up to 18 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 physician's progress notes reviewed. I find that the 8 additional chiropractic sessions requested to the thoracic spine to not be medically necessary and appropriate.