

Case Number:	CM15-0119178		
Date Assigned:	06/29/2015	Date of Injury:	04/24/2015
Decision Date:	08/04/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/19/2015

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:

This is a 51 year old female with an April 24, 2015 date of injury. A progress note dated June 4, 2015 documents subjective complaints (moderate to severe neck pain with a throbbing, shooting pain to the fingers; moderate to severe upper and lower back pain), objective findings (decreased range of motion of the low back with moderate to severe pain; positive Kemp's, Patrick, and Fabere's tests bilaterally with lower back pain; positive straight leg raise test on the right; positive Nachlas, Ely's and Hibbs tests on the left eliciting right-sided lower back pain; decreased range of motion of the cervical spine with moderate pain; positive foraminal compression, distraction and shoulder depression, and Soto Halls tests bilaterally), and current diagnoses (moderate to severe cervical sprain; moderate to severe thoracic sprain; moderate to severe lumbosacral sprain; sciatic neuritis). Treatments to date have included chiropractic treatments, exercise, imaging studies, and over the counter medications. The treating physician documented a plan of care that included 8 additional chiropractic treatments for the cervical, thoracic, and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment cervical, thoracic and lumbar spine 8 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 Official Disability Guidelines (ODG) Neck & Upper Back and Low Back Manipulation.

Decision rationale: The patient has received chiropractic care for her cervical and lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review 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 recommends up to 18 sessions over 6-8 weeks and The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months 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 have been objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 8 additional chiropractic sessions requested to the cervical, thoracic and lumbar spine to not be medically necessary and appropriate.