

Case Number:	CM15-0122424		
Date Assigned:	07/06/2015	Date of Injury:	09/11/2008
Decision Date:	08/07/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/25/2015

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 50 year old man sustained an industrial injury on 9/11/2008 after sticking his head out of fire engine. Evaluations include undated electromyogram of the bilateral upper extremities and cervical spine MRI dated 4/18/2012. Diagnoses include cervical radiculopathy and cervical joint spondylosis. Treatment has included oral medications, yoga, chiropractic care, and cervical spine epidural steroid injections. Physician notes on a PR-2 dated 6/3/2015 show complaints of back, neck, and left shoulder pain with radiation to the left arm and hand. Recommendations include additional chiropractic treatment, Elavil, Meloxicam, Prilosec, topical analgesic patch, and follow up in six months. The PTP is requesting 6 additional sessions of chiropractic care to the cervical and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatment 1 time a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

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 Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Manipulation Section.

Decision rationale: The patient has received chiropractic care for his cervical spine injury in the past. The past chiropractic treatment notes are not present in the materials provided. Therefore it is not possible to examine the efficacy of past care. The total number of chiropractic sessions provided to date are also unknown and not specified in the records provided 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 & Upper Back Chapter 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 have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 6 additional chiropractic sessions requested to the cervical and thoracic spine are not medically necessary or appropriate.