MAXIMUS Federal Services

Case Number:	CM15-0126572		
Date Assigned:	07/13/2015	Date of Injury:	09/14/1998
Decision Date:	08/11/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/30/2015

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 55 year old female, who sustained an industrial injury on September 14, 1998. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having chronic cervicothoracic spine strain and post-surgical bilateral carpal tunnel releases and subcutaneous ulnar transpositions. Treatment to date has included chiropractic treatment, stretching and medication. On May 29, 2015, the injured worker reported that she had improved with less pain and stiffness noted in her neck and bilateral upper extremities on her third chiropractic treatment. Her range of motion in the cervical spine was 55/60 degrees in flexion, 30/50 degrees in extension and 55/90 degrees of rotation with pain and stiffness. In progress report dated April 24, 2015, the treatment plan included changes to medications and a reevaluation in three months or as needed. On June 16, 2015, Utilization Review non-certified the request for three additional chiropractic treatments to the cervical spine, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x 3: Upheld

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

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) Low Back/Manipulation.

Decision rationale: The patient has received chiropractic care for her cervical 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. This is a 16 year old injury. 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 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 3 additional chiropractic sessions requested to the lumbar spine is not medically necessary or appropriate.