

Case Number:	CM15-0128903		
Date Assigned:	07/15/2015	Date of Injury:	08/08/2006
Decision Date:	08/17/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/02/2015

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 60 year old female, who sustained an industrial injury on August 8, 2006. Treatment to date has included MRI of the cervical spine, MRI of the lumbar spine, nerve conduction studies of the bilateral upper extremities and bilateral lower extremities, chiropractic therapy, massage therapy, physical therapy, home exercise program. An evaluation on March 12, 2015 reveals the injured worker has complaints of neck pain and spasms of low back pain. She reports that her symptoms are worsening and she is having more difficulty in her activities of daily living. On physical examination, the injured worker has pain with cervical spine range of motion. She has tenderness to palpation and spasm over the bilateral pericervical region. There was evidence of muscle spasm over the cervical spine. She has decreased sensation at C6 and C7 bilaterally. She exhibits difficulty walking and has difficulty changing position. Her lumbar spine range of motion is restricted and elicits pain and guarding. She has lumbar muscle spasm and straight leg raise is positive bilaterally. She has decreased sensation at the L5 and S1 levels. The diagnoses associated with the request include lumbosacral spondylosis and thoracic-lumbar disc displacement. The treatment plan includes 12 additional chiropractic therapy sessions for the cervical and lumbar regions, deep tissue massage for the cervical and lumbar regions and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation of the cervical and lumbar region, twice a week for six weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

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 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. 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 Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The ODG Neck and Upper Back Chapter recommends up to 18 sessions of chiropractic care over 6-8 weeks. This is a 2006 injury. 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 primary treating physician's progress notes reviewed. The 12 requested sessions far exceed The MTUS and ODG recommendations. I find that the 12 additional chiropractic sessions requested to the cervical and lumbar spine to not be medically necessary and appropriate.