

Case Number:	CM15-0172366		
Date Assigned:	09/14/2015	Date of Injury:	01/02/2014
Decision Date:	10/20/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/01/2015

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 34 year old female, who sustained an industrial injury on 01-02-2014. She has reported subsequent neck pain and headaches and was diagnosed with cervicogenic headaches, facet joint pain and cervicogenic headaches. The injured worker also had a diagnosis of multiple sclerosis. An MRI of the cervical spine dated 03-05-2014 was noted to show C4-C5 degenerative bone and disc changes with 2 mm central disc bulge mildly encroaching the thecal sac and abutting the anterior aspect of the spinal cord. Treatment to date has included oral pain medication, a home exercise program, massage and chiropractic therapy. The physician requested authorization for 6 chiropractic therapy visits on 03-13-2015. There were no chiropractic visit notes included. In a 05-15-2015 progress note, the injured worker was noted to be experiencing worsening neck pain and spasm. At this time, physical examination findings showed tenderness in the lower paracervical muscles and upper trapezium with palpable spasm. Chiropractic therapy was noted to have helped significantly with pain and the physician requested 6 additional chiropractic visits. In progress notes dated 06-26-2015 and 08-06-2015, the physician noted that the injured worker had been undergoing chiropractic therapy with massage, which had been significantly helpful. The physician noted that it decreased the injured worker's pain and that the injured worker was taking less medication and was able to work with less pain. 6 additional sessions of chiropractic therapy were requested on 06-26-2015. The injured worker was noted to be finishing the last session during the 08-06-2015 progress note and continued to report some aching pain in the neck radiating to the shoulders that was rated as 5 out of 10 without medication and 4 out of 10 with medication. Objective examination findings

showed less tenderness in the upper trapezius and paraspinal muscles. Work status was documented as modified. A request for authorization of 8 chiropractic visits with massage over 4 weeks for the cervical spine was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic visits with massage over 4 weeks for the cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back/Manipulation.

Decision rationale: The patient has received chiropractic care for her cervical spine injury in the past. The total number of chiropractic sessions is unknown and not specified in the records provided for review. The past chiropractic treatment notes are not present in the records provided. The treatment records in the materials submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The ODG Neck & Upper Back Chapter recommends up to 18 additional chiropractic care sessions over 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." The ODG Neck and Upper Back Chapter recommends additional chiropractic care for flare-ups "with evidence of objective functional improvement." There has been no objective functional improvements with the care in the past per the treating physician's progress notes reviewed. The number of chiropractic sessions to date is not specified. I find that the 8 additional chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.