

Case Number:	CM15-0173755		
Date Assigned:	09/15/2015	Date of Injury:	08/28/2009
Decision Date:	10/20/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/03/2015

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 47 year old female, who sustained an industrial injury on 8-28-2009. Diagnoses include upper back pain, thoracic strain, lower limb parasthesia and cervical radiculitis. Treatment to date has included at least 16 chiropractic visits, modified work, medications, acupuncture, TENS and home exercise. She has been attending chiropractic therapy since at least 3-2013. Per the Primary Treating Physician's Progress Report dated 8-03-2015, the injured worker presented for reevaluation. She reported upper back pain. Objective findings included crepitus, tenderness, effusion and tenderness noted over the paraspinal muscles of the upper back. Per the medical records dated 3-30-2015 to 8-03-2015 there is no documentation of improvement in symptomology, increase in activities of daily living or decrease in pain level with current acupuncture that is provided. The plan of care included, and authorization was requested on 8-04-2015 for 4 additional sessions of chiropractic therapy (one session every other week for 8 weeks). On 8-11-2015, Utilization Review non-certified the request for 4 additional sessions of chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, one session every other week for eight weeks-total four sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 & Upper Back/Manipulation.

Decision rationale: The patient has received chiropractic care for her upper back injury in the past. The total number of chiropractic sessions are reported in the UR review notes to have exceeded 16. 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 past chiropractic treatment notes are not present in the materials provided for review. 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 chiropractor's progress notes reviewed. The exact number of chiropractic sessions to date are not specified. I find that the 4 additional chiropractic sessions requested to the cervical and thoracic spine to not be medically necessary and appropriate.