

Case Number:	CM15-0176862		
Date Assigned:	09/17/2015	Date of Injury:	12/26/2002
Decision Date:	10/20/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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 53 year old female, who sustained an industrial injury on 12-26-2002. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical radiculopathy and right cubital tunnel syndrome. A progress report (PR) dated 12-24-2014 indicates a recent flare up of cervical pain with a pain severity rating of 6 out of 10 and a decline in activity levels. At this time, 12 sessions of chiropractic treatment was requested. Per the treating physician's progress report (PR), the IW is permanent and stationary; however, the IW's current work status was not specified. Relevant treatments have included chiropractic treatments, acupuncture, TENS (Transcutaneous Electrical Nerve Stimulation), work restrictions, and medications. No diagnostic testing results were available for review. Additionally, there were no current or recent exams, progress notes or chiropractic progress notes available for review. Per the utilization review (UR) letter, there were no recent or current PRs available for review. The request for authorization (08-19-2015) shows that the following treatment was requested: 12 additional (extension) chiropractic treatments for the cervical spine. The original utilization review (08-26-2015) partially approved a request for 6 additional (extension) chiropractic treatments (original request for #12) for the cervical spine based on unknown response to previous treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Authorization of extension on chiropractic treatment to the cervical spine, twelve sessions:
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 & 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 are unknown and not specified in the records provided for review. The past chiropractic treatment notes are absent from the records provided. The PTP's 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 number of chiropractic sessions requested far exceed The MTUS recommendations. I find that the 12 additional chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.