

Case Number:	CM15-0023372		
Date Assigned:	02/13/2015	Date of Injury:	08/24/2014
Decision Date:	07/07/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/07/2015

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 male, who sustained an industrial injury on 6/24/2014. Diagnoses include cervical/CADS injury, cervicothoracic subluxation and cervical myospasm. Treatment to date has included medications including Tramadol, Naproxen and Prilosec, diagnostics and modified activity. Magnetic resonance imaging (MRI) of the cervical spine dated 9/25/2014 showed small disc osteophyte complex at C3-4 measuring 1-2mm with mild central canal narrowing along the superimposed congenital narrowing of the spinal canal on a developmental basis and mild foraminal narrowing at C4-5 with uncovertebral and facet hypertrophy. Per the Primary Treating Physician's Progress Report dated 1/05/2015, the injured worker reported a flare-up over the holidays with increased pain with activities of daily living and the use of his arm. Physical examination revealed pain at C5-C7 bilaterally with sensory loss at C5-6. The plan of care included, and authorization was requested for 6 additional chiropractic sessions for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic sessions, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Definitions Page(s): 1. Decision based on Non-MTUS Citation ODG Neck & Upper Back Chapter, Manipulation Section/MTUS Definitions Page 1.

Decision rationale: The patient has received chiropractic care for his cervical spine injury in the past. The total number of chiropractic sessions are unknown and not specified in the records provided for review. 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 recommend 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 to date are not specified. I find that the 6 additional chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.