

Case Number:	CM15-0027106		
Date Assigned:	02/19/2015	Date of Injury:	10/22/2014
Decision Date:	04/02/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/12/2015

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 male, who sustained an industrial injury on October 22, 2014. The diagnoses have included subluxation. A chiropractic note dated November 12, 2014 provided the injured worker complains of neck pain, headaches and nausea with vomiting. Physical exam notes hypertonic and tender sub occipital musculature and right head tilt. The plan is for treatment 3 times a week for 4 weeks. On January 22, 2015 utilization review modified a request for 6 additional chiropractic sessions to the neck and upper back and authorized 3 sessions. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 12, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Chiropractic Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Medical Fee Schedule (OMFS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back Chapter/MTUS Definitions Page 1.

Decision rationale: The patient has received 18 prior chiropractic care sessions for his injuries. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Neck & Upper Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." 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 PTP has documented improvements per the records provided with treatment rendered and objective measurements are listed. The patient is working full duty. The MTUS allows additional 1-2 sessions with evidence of objective functional improvement. The UR department has modified the request for 6 sessions and approved 3 sessions. The requested number of sessions exceeds The MTUS recommended number. The treating chiropractor's records are not present in the materials provided. I find that the 6 additional chiropractic sessions requested to the cervical and thoracic spine to not be medically necessary and appropriate.