

Case Number:	CM15-0043423		
Date Assigned:	03/13/2015	Date of Injury:	05/10/2013
Decision Date:	05/27/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/09/2015

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 (IW) is a 47 year old female who sustained an industrial injury on 05/10/2013. She reported pain in the neck left arm and lower back. The injured worker was diagnosed as having cervical spondylosis, and left-sided C5-6 disc herniation with radiculopathy. Treatment to date has included epidural steroid injection, acupuncture, physical therapy, chiropractic care, and medications. Currently, the injured worker complains of neck pain, headaches, and pain in the left shoulder and back. The PTP is requesting 6 additional sessions of chiropractic care. The UR department has modified the request and approved 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6x4 Chiropractic Sessions for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 1, 58-59.

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, Manipulation Section/MTUS Definitions Page 1.

Decision rationale: The chiropractic treatment records in the materials submitted for review do not show objective functional improvement with the past chiropractic care rendered. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Neck & Upper Back Chapter recommends additional chiropractic care with evidence of objective functional improvement, 1-2 sessions every 4-6 months. 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." According to the UR notes the patient has completed 40 sessions of chiropractic care to date. The ODG Neck & Upper Back Chapter and The Chronic Pain Medical Treatment Guides recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." No objective functional improvements have been evidenced with the past rendered chiropractic care. The carrier has already approved 4 sessions. I find that the 6 additional chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.