

Case Number:	CM15-0069131		
Date Assigned:	04/16/2015	Date of Injury:	11/14/2012
Decision Date:	05/15/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/13/2015

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 56-year-old female, who sustained an industrial injury on 11/14/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical spine sprain/strain with radicular complaints and lumbar spine sprain/strain with radicular complaints. Treatment to date has included chiropractic care and medication regimen. In a progress note dated 03/10/2015 the treating physician reports intermittent, moderate neck pain with radiation to the right elbow. The treating physician requested chiropractic therapy two times a week for four weeks noting that chiropractic therapy has been the only treatment that has assisted the injured worker. The treating physician noted that chiropractic therapy has assisted in decreasing pain and increasing range of motion with less radicular symptoms. The PTP is requesting 8 additional sessions of chiropractic care to the neck and lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy, 2 times weekly for 4 weeks (8 Sessions), Bilateral Neck/Bilateral Low Back Area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

Decision rationale: The patient has received 48 prior chiropractic care for her injuries per the utilization review notes provided in the records. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Neck & Upper Back and Low Back Chapters 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 describes some improvements with past treatment but no objective measurements are listed. Given the 48 prior chiropractic sessions provided, there are no chiropractic records in the materials provided for review. The efficacy of prior chiropractic care cannot be determined. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The 8 sessions requested far exceed The MTUS recommended number. I find that the 8 additional chiropractic sessions requested to the cervical and lumbar spine not medically necessary and appropriate.