

Case Number:	CM15-0074235		
Date Assigned:	04/24/2015	Date of Injury:	11/30/2014
Decision Date:	05/27/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/18/2015

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 62-year-old male, who sustained an industrial injury on 11/30/2014. He has reported subsequent neck and back pain and was diagnosed with cervicalgia and neck and lumbar sprain. Treatment to date has included oral pain medication, chiropractic therapy and a home exercise program. In a progress note dated 02/09/2015, objective findings were notable for tenderness of the cervical and lumbar spine. There was no documentation as to whether the injured worker was experiencing any pain and if so what severity of pain was reported. A request for authorization of 8 sessions of chiropractic therapy for the cervical and lumbar spine was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xweek x 4 weeks Cervical/Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition.

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

Decision rationale: The patient has completed 8 sessions of chiropractic care to date. The PTP's findings in the records submitted for review do not show objective functional improvement with past chiropractic care rendered, per The MTUS definitions. The chiropractic treatment notes are not present in the materials provided for review. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG recommend additional chiropractic care with evidence of objective functional improvement, 1-2 sessions over 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." The MTUS and ODG Neck & Upper Back Chapter recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." Evidence of objective functional improvement is not present with the previously rendered care. The requested number of sessions far exceeds The MTUS recommended number. I find that the 8 additional chiropractic sessions requested to the cervical and lumbar spine are not medically necessary and appropriate.