

Case Number:	CM15-0074244		
Date Assigned:	04/24/2015	Date of Injury:	05/20/2010
Decision Date:	05/27/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/19/2015

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 female who sustained an industrial injury on 5/20/10. The injured worker reported symptoms in the neck and back. The injured worker was diagnosed as having cervical sprain/strain, cervical brachial neuritis, shoulder sprain/strain, thoracic sprain/strain and lumbar sprain/strain. Treatments to date have included oral pain medication, home exercise program, and chiropractic treatments. Currently, the injured worker complains of neck and back pain. The plan of care was for chiropractic treatments, 6 additional sessions to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy x 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 patient has completed an unspecified number of 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 reveal that range of motion restriction is constant with same pain level and intensity. Other objective findings are not documented and/or are incomplete. 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 recommends 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. I find that the 6 additional chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.