

Case Number:	CM15-0074861		
Date Assigned:	04/24/2015	Date of Injury:	11/17/1993
Decision Date:	05/27/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/20/2015

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 11/17/1993. She has reported injury to the neck, upper back, and low back. The diagnoses have included cervicalgia; degeneration of cervical intervertebral disc; degeneration of lumbar or lumbosacral intervertebral disc; and sciatica. Treatment to date has included medications, diagnostics, home exercise program, and chiropractic therapy. A progress note from the treating physician, dated 03/24/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck pain worse on the left side; flared up for over a week; burning pain is rated at 9/10 on the visual analog scale, and it is not resolving with home care. Objective findings included cervical spondylosis on MRI with canal narrowing, disc bulge, and uncinated spurring; positive Spurling's test; and limited range of motion, especially with left rotation. The provider noted that the injured worker responded well to conservative chiropractic care, which restored normal function after the last flare-up six months ago. The treatment plan has included the request for chiropractic two times a week for three weeks for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xWk x 3wks for the cervical spine: 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 many sessions of chiropractic care to date. The PTP's findings in the records submitted for review do not show objective functional improvement with past treatments rendered, per The MTUS definitions. The chiropractic treatment review do not show objective functional improvement with past chiropractic care rendered. 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 objective findings are incomplete and not properly recorded by the treating chiropractor in order to show improvement with the care rendered. 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. I find that the 6 additional chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.