MAXIMUS Federal Services

Case Number:	CM15-0075639		
Date Assigned:	04/27/2015	Date of Injury:	06/10/2014
Decision Date:	05/27/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/21/2015

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 58-year-old female patient who sustained an industrial injury on 06/10/2014. A primary treating office visit dated 10/13/2014 reported subjective complaints of neck and shoulder pains. She is currently working regular duty. The neck pain is on the left side described as a dull pain. Current medications are Orphenadrine, Etodolac, and Tylenol ES. She is diagnosed with contusion bilateral neck; strain/sprain cervical bilateral; and pain in neck cervicalgia bilaterally. The expected maximum medical improvement date is 11/10/2014. The physician is recommending chiropractic care, modified work duty and follows up in one week. The initial physician's report of illness dated 10/07/2014 reported the patient being involved in a motor vehicle accident being hit from behind. Her initial complaint was of neck pain with headache. She did undergo radiographic study. She was diagnosed with cervical strain/sprain and headache. The plan of care involved: application of heat/ice as needed, schedule chiropractic visit and a neurological consultation. She was prescribed: Orphenadrine, Etodolac, and Tylenol. The PTP is requesting 6 additional sessions of chiropractic care to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chiropractic 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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 12 sessions of chiropractic care to date per UR review records. 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 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.