

Case Number:	CM15-0094475		
Date Assigned:	05/21/2015	Date of Injury:	09/06/2010
Decision Date:	06/24/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/18/2015

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 25 year old female, who sustained an industrial injury on 9/6/10. The injured worker was diagnosed as having a nonallopathic lesion of the cervical region, myalgia and myositis, a nonallopathic lesion of the thoracic region, late effect of sprain and strain without tendon injury, cervicgia, headache, and disturbance of skin sensation. Treatment to date has included Botox injections, a home exercise program, and medications including Lyrica and Lidoderm. Currently, the injured worker complains of neck and upper back pain. The treating physician requested authorization for chiropractic treatment 1x2 for the cervical spine. The treating physician noted chiropractic treatment was requested to improve joint motion both intrinsically as well as globally improving cervical range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 x week x 2 weeks, cervical (2 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

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 received over chiropractic care for her cervical spine injury in the past. The chiropractic treatment records in the materials submitted for review present with findings that do not evidence objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Neck & Upper Back Chapter recommend 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. 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 Chronic Pain Medical Treatment Guidelines and The ODG Neck and Upper Back Chapter recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." There have been no objective functional improvements per the chiropractic progress notes reviewed. Pain levels and range of motion has been documented to increase or stay constant with care rendered. The treating chiropractor states in each report "no change in status." I find that the 2 additional chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.