

Case Number:	CM13-0005545		
Date Assigned:	12/27/2013	Date of Injury:	09/13/2012
Decision Date:	02/20/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/01/2013

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. The expert reviewer is licensed Chiropractor and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old male who was injured on 09/13/2012 when he was pinned by a huge piece of equipment. The patient was eventually freed, but had elbow and back pain for 3 to 4 days; and subsequently because of the persistent symptoms, he was evaluated and underwent x-ray examination. The patient underwent 6 sessions of physical therapy for his elbow and his back without much improvement. Electrodiagnostic studies showed left ulnar neuropathy and median nerve neuropathy. The patient has undergone 6 chiropractic appointments which reportedly did not help him at all. He stated that his left leg is still totally numb, and his left forearm was still numb. The patient was recently seen on 11/13/2013 for continuing pain in the low back, pain in the left elbow with decreased extension and left leg numbness. The patient subsequently underwent a carpal tunnel release of the left wrist and a medial epicondylectomy to the left elbow on 11/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment-Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG/Chiropractic treatment for low back pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Regarding the request for chiropractic treatments of the lumbar spine, under the California MTUS, it states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The low back therapeutic care was listed as a trial of 6 visits over 2 weeks; and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. In the case of this patient, it was noted before that he has already undergone 6 sessions of chiropractic treatments, which were not effective in reducing his pain and providing him with functional improvement. Therefore, because the patient does not meet guideline criteria for additional chiropractic treatment, the requested service is not deemed medically necessary and is non-certified.