

Case Number:	CM13-0013251		
Date Assigned:	12/27/2013	Date of Injury:	10/31/2011
Decision Date:	02/21/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/16/2013

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 a licensed Doctor of Chiropractic, has a subspecialty in Acupuncture, 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 45-year-old female who reported an injury on 10/31/2011. The patient is currently diagnosed with headache, displacement of cervical intervertebral disc, displacement of lumbar intervertebral disc, lumbosacral plexus lesion, thoracic sprain, muscle spasm, sprain of an unspecified site of the shoulder and upper arm, sprain of the elbow and forearm, pain in a joint involving the forearm and hand, anxiety, and unspecified sleep disturbance. The patient was seen by [REDACTED] on 10/24/2013. The patient reported persistent pain over multiple areas of the body. Physical examination revealed normal range of motion of the lumbar spine with negative Valsalva, Kemp's, facet, Yeoman's, and iliac compression testing. Treatment recommendations included electroacupuncture treatment with manual stimulation to the left shoulder, lumbar spine, and bilateral hands twice per week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 6 visits to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. As per the clinical documentation submitted, the patient has previously undergone chiropractic treatment for the lumbar spine. Documentation of a significant functional improvement was not provided for review. Additionally, the patient's physical examination on the requesting date of 10/24/2013 revealed normal lumbar range of motion with only tenderness to palpation. The medical necessity for the requested service has not been established. As such, the request is non-certified.