

Case Number:	CM13-0020289		
Date Assigned:	10/11/2013	Date of Injury:	09/25/2012
Decision Date:	01/22/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/06/2013

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 in Chiropractic and is licensed to practice in California. 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:

Claimant is a 40 year old male who sustained a work related injury on 9/25/2012. According to a pr-2 dated 9/3/2013, the claimant complains of constant moderate dull achy, sharp neck pain, aggravated by looking up and down. He also complains of lumbar pain that is constant, moderate, dull, achy, sharp low back pain, stiffness, and weakness aggravated by lifting 10 pounds and bending. He also has intermittent dull, achy, sharp, right shoulder pain and stiffness associated with pushing, pulling repetitively and overhead reaching. He also has moderate right wrist pain, tingling, and weakness associated with reaching, grabbing, gripping and squeezing. His primary diagnoses are headache, cervical/lumbar radiculopathy, cervical/lumbar spine sprain/strain, right shoulder impingement, right shoulder/wrist sprain/strain, and right carpal tunnel syndrome. According to a prior UR review dated 8/16/2013, no chiropractic has been performed. Prior treatment has included extensive physical therapy and oral medications in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions one (1) time a week for eight (8) weeks; cervical and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Section Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, an initial chiropractic visits consists of six visits over 2 weeks. After an initial trial are only medically necessary with documented functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living or a reduction in work restrictions. Therefore eight visits exceed the recommended number for an initial trial. The initial trial request must be six visits or less and further visits can be granted based on functional improvement. Thus, eight visits of chiropractic are not medically necessary.