

Case Number:	CM13-0033500		
Date Assigned:	12/06/2013	Date of Injury:	02/27/2008
Decision Date:	01/27/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/10/2013

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 in 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 58-year-old male who reported an injury on 02/27/2008. The patient is currently diagnosed as status post cervical surgery with persistent radiculopathy, multiple herniated nucleus pulposus of the cervical spine, bilateral shoulder impingement, multiple herniated nucleus pulposus of the lumbar spine, degenerative disc disease of the cervical spine with radiculopathy, degenerative disc disease of the lumbar spine, and possible fracture of the scaphoid on the right hand. The patient was seen by [REDACTED] on 07/02/2013. The patient presented with complaints of 4-5/10 pain. Physical examination revealed no obvious distress, diffuse left cervical and lumbar paraspinous tenderness, limited range of motion, diminished sensation, diminished strength, and tenderness with swelling of the right wrist. Treatment recommendations included continuation of current medications and additional chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Visits 2 x Week for 4 weeks: Cervical and Lumbar Spine: Upheld

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

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 an option with a therapeutic trial of 6 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6 weeks to 8 weeks may be appropriate. Documentation of the previous course of chiropractic therapy was not provided. It was stated on 07/02/2013 the patient reported temporary relief with chiropractic treatment, which allowed a decrease in oral medication intake and improvement with sleep. However, the medical necessity for an additional 8 sessions of chiropractic treatment has not been established. As such, the request is non-certified.