

Case Number:	CM13-0038843		
Date Assigned:	01/15/2014	Date of Injury:	06/15/2009
Decision Date:	03/26/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

This is a 58-year old female with a date of injury of 6/15/09. Mechanism of injury is cumulative trauma. The patient has multiple affected body parts and reports of psychiatric issues as a result of the chronic pain issues. She was declared Permanent and Stationary on 3/29/12 for multiple diagnoses that include fibromyalgia, sleep disorder, constipation, hearing problems, left tarsal tunnel syndrome, and chronic low back pain. Most recently, the patient's PTP has been a chiropractor, who continues to treat the patient for complaints of cervical spine pain, thoracic spine pain, lumbar spine pain, bilateral shoulder/wrist/hand pain and bilateral ankle/foot pain. On 9/12/13, multiple requests from the chiropractor were submitted, including request for chiropractic treatment, orthopedic consult for bilateral wrists and left ankle, and orthopedic consult for pain medication evaluation. Chiropractic was denied, as there were no findings of objective exacerbation with functional regression. Ortho was denied, as there was no evidence of therapeutic management exhausted in treating physician's scope of practice.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 3x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck/Upper Back chapter

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

Decision rationale: While guidelines support chiropractic care for acute injury and acute flare-ups, chronic maintenance/elective care is not recommended. In addition, chiropractic care is not recommended for forearm, wrist, hand, ankle and foot. While care is requested for the spine, it is also requested for body parts not supported by guidelines. The patient has chronic symptoms with no evidence of acute flare/exacerbation or recent new trauma that would justify a short course of care for body parts that guidelines support chiropractic care for. Medical necessity is not established for additional chiropractic treatment.