

Case Number:	CM13-0069492		
Date Assigned:	01/03/2014	Date of Injury:	12/11/2003
Decision Date:	04/15/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/23/2013

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 Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 63-year-old female with date of injury of 12/11/2003. Per treating physician report, 11/13/2013, which is the chiropractor's treatment report, there are no listed medical diagnoses. The subjective complaints include chronic versus neck pain at a pain scale 9/10, bilateral shoulder pains at 7/10, 5/10 pain in her upper arms, burning, numbing, tingling, constricting pain in both arms at 5/10, hand symptoms at 6/10, dull, burning, numbing, tingling pain in both legs at 4/10. The chiropractor has the patient's neck pain disability index at 26, revised Oswestry low back pain at 30. This report indicates the patient was provided with chiropractic adjustments at the cervical and thoracic regions has been seen since October 11, 2013 and waiting for additional visits to be authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments, #8 once week for 8 weeks between 11/6/2013 2/4/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

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

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic neck, upper extremity, low back, and lower extremity pains as documented by chiropractic treater's report, 11/13/2013. Review of the reports revealed that this patient has had chiropractic treatments since the early visitations in March and April 2013. There are multiple treatment reports dating back to 03/07/2013, 03/13/2013, 04/07/2013, 08/29/2013, 10/04/2013, 11/01/2013, and 11/13/2013. There are multiple other chiropractic treatment reports from March through September 2013. The current request is for 8 additional chiropractic treatments to start 11/06/2013 to 02/04/2013 for 8 sessions. MTUS Guidelines page 58 and 59 provides specific recommendations regarding chiropractic treatments. Excellent durations noted at 8 weeks for total of 18 sessions. For maintenance care, 1 to 2 visits every 4 to 6 months if return to work is achieved. This patient clearly has had more than 18 sessions of treatments in the year 2013. Despite review of multiple reports from 2013, there is no indication that this patient is working or has returned to work. For example, review of the report from 11/01/2013 under activity of daily living assessment, there is no mention of patient working but only discusses physical activity, functional activities, social and recreational activities, travel, communication, sensory functions, hand functions. Therefore, additional chiropractic treatments are not supported by the MTUS Guidelines. Recommendation is for denial.

Twenty-four (24) sessions of laser therapy applications for chronic joint pain to neck, left shoulder & wrists or physical therapy to left shoulder both hands, between 11/6/13 and 2/4/14:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low-Level Laser Therapy (LLLT) MTUS Chapter 4 pg 57.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic neck, shoulders, low back, lower extremity pains. The chiropractic primary treater has been managing this patient with prolonged course of chiropractic treatments. There is a request for laser treatments. For low level laser therapy, MTUS Guidelines page 57 states "not recommended". Recommendation is for denial.