

Case Number:	CM14-0007393		
Date Assigned:	02/10/2014	Date of Injury:	03/22/2012
Decision Date:	06/24/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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 Chiropractics 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:

The patient is a 59 year old female with a date of injury of 3/22/2012. The patient has a mechanism of injury of lifting and repetitive strain which caused upper back , mid back, lower back, both hips, right shoulder, right arm, right elbow, both legs, both knees, both ankles, and both feet according to the PR-2 dated 1/31/13. The patient complains that her right arm cannot lift too high and pain radiates to her arm and into her upper back and pins and needles sensation down both legs. The patient complains of pain in the neck with radiation to both arms and worsens with looking up. The patient states her pain is 8/10 and constant in nature. The pain is aggravated by bending forward, bending backwards, carrying less than 10 pounds, prolonged standing, walking and sitting and has had a worsening of symptoms since the date of injury. The PR-2 relates that 80% of the patient's pain is from the back, 10% from the neck, 90% from her arm and 20% from her leg. There is a past medical history of an industrial accident which occurred in 1992 involving the patient's back as a result of a slip and fall injury. The patient's medications at the time of the PR-2 were: B12 2, 500Mcg, Diclofenac Sod Dr 50Mg tab, Vitamin B6 50Mg tablet. An MRI of the lumbar spine was performed on 7/12/12 with an impression of L4/L5 mild disc bulge, facet arthropathy, and slight anterolisthesis. A 4.5 x 2.0 cm fusiform left paraspinous mass at the L2-L3 level and probable lipoma according to the report. Notes from a physical examination state the cervical spine is restricted with extension limited to 20 degrees by pain, but normal in flexion. Spurling's maneuver provoked pain but no radicular symptoms. The lumbar spine range of motion is restricted with flexion limited to 60 degrees and extension limited to 10 degrees and limited by pain and lumbar facet loading was positive on both sides. Hawkin's and Neer's test were positive in the right shoulder with flexion limited to 120 degrees and abduction limited to 90 degrees. Neurologic and motor exam were grossly intact. The provider has requested 2x6 sessions of chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2XWK X 6WKS LOW BACK: 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 Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: The provider has requested 2x6 sessions of chiropractic therapy of which 6 were previously authorized. However, there are no chiropractic treatment notes or progress exams that can be reviewed to establish medical necessity based on the first six sessions. California MTUS chronic pain treatment guidelines support the use of manual therapy/manipulation with objective functional improvement and home exercise up to 18 sessions over 6-8 weeks. Because there are no chiropractic progress notes provided to document potential improvement, the request for 2x6 chiropractic sessions is not medically necessary at this time.