

Case Number:	CM14-0102699		
Date Assigned:	07/30/2014	Date of Injury:	04/05/2010
Decision Date:	09/09/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/03/2014

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 Board Certified in Chiropractic, has a subspecialty in Chiropractic Sports Physician 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 injured worker is a 48 year old female who was injured on 10/23/65 with unknown mechanism of injury. The primary diagnosis is Lumbar disc displacement. The MRI report for the lumbar spine was not found in the medical records or any of the other MRI's. The report for the EMG/NCV studies was not available either. According to the PR-2 report dated 10/21/13 the EMG/NCV study revealed mild bilateral median neuropathy at the wrists and mild bilateral ulnar neuropathy. The patient has diabetes as a complication. The report also gives the following diagnoses: bilateral plantar myofasciitis, bilateral shoulder tendinitis, depression, L4-5 radiculitis, Lumbar disc herniations L4-5 & L5-S1, Lumbar spinal stenosis and neuroforaminal stenosis L4-5 and mild bilateral CTS & ulnar nerve entrapment. Prior treatment has consisted of physical therapy, medications, L/S support, and chiropractic care with no documented amount of care or response to care has been found for these treatments. The doctor is requesting Chiropractic care 2x/week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x wk x3wks For the Lumbar/Spine Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58-59.

Decision rationale: The doctor has not documented objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The previous amount of treatment and how the patient has responded to care has not been documented either. The chiropractic care of 2x's/week for 3 weeks is not medically necessary.