

Case Number:	CM14-0105574		
Date Assigned:	07/30/2014	Date of Injury:	05/20/2013
Decision Date:	08/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/08/2014

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 a licensed Chiropractor and is licensed to practice in Alabama. 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 29 year old female with a recorded May 20, 2013 date of injury. The mechanism of injury is described as one in which the patient was lifting a box of melons when two boxes fell hitting her chest and lower abdomen. The records reflect the patient with ongoing complaints including: low back pain, bilateral leg pain with tingling and numbness, neck and upper back pain, and bilateral shoulder pain with tingling and numbness. Recent clinical findings offered by the treating chiropractor include: unmeasured cervical range of motion, orthopedic test, grip strength (right 60/60/60, left 50/50/50, reflex/sensory, a single shoulder range of motion of 150 degrees, antalgic gait, tenderness to palpation, lumbar flexion to mid patella, lumbar extension 25 degrees, lumbar bilateral lateral flexion 30 degrees, lumbar bilateral rotation 40 degrees, straight leg raise + 25 degrees, sensory normal, reflexes 1+ bilaterally. Diagnoses recorded include: bilateral shoulder sprain, cervical sprain, lumbar sprain, gastritis, depression, weight gain, insomnia, L4-5 disc bulge, side effects to Norco, right pectoral area pain rule out rib fracture. Treatment described over the course of care includes: oral and topical medications, physical therapy, back brace, injections, and chiropractic care. The current request is for authorization of nine chiropractic visits over the period 12-24-13 through 5-13-14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retroactive Chiropractic therapy nine visit.: Upheld

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

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

Decision rationale: The provider is requesting nine chiropractic visits over a period of approximately five months. The request is not consistent within MTUS Guideline frequency/duration recommendations for manual therapy and manipulation. As such, this request is not medically necessary.