

Case Number:	CM14-0107440		
Date Assigned:	08/01/2014	Date of Injury:	01/14/2014
Decision Date:	09/22/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/10/2014

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 Chiropractic 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:

According to the available medical records, this is a 54 year old female patient with complains of neck pain and upper extremities pain, date of injury 1/14/14. The previous treatments include medications, physical therapy, acupuncture, and chiropractic and home exercise program. Doctor's first report dated 04/28/2014 by the requesting doctor revealed constant pain 7-8/10 in her neck accompanied with stiffness, decreased range of motion (ROM) and muscle spasms, constant 9/10 low back pain, constant left shoulder pain, right elbow/arm, decreased ROM, constant 6/10 pain in right wrist/hand accompanied with numbness, stiffness, swelling and tingling. Physical examination revealed decreased ROM in right arm, right wrist and right hand. Diagnoses include cervical spine sp/st, thoracic spine sp/st, lumbar spine musculoligamentous injury without discopathy, lumbar spine sp/st, right shoulder bicipital tendinitis, right shoulder sp/st, right hand and wrist sprain. Treatment request is chiropractic 2x6 for lumbar radiculitis. The patient is on temporary totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for 12 sessions to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: This patient has a history of neck and bilateral upper extremities injuries and she has completed 6 chiropractic treatments for the neck. There are no previous medical records that mention about low back injury. Progress report dated 03/12/2014, 2 months after her reported injuries, mentioned of subjective low back pain with no objective findings for the low back and no diagnostic reported. The medical report dated 04/28/2014 also reported subjective low back pain with no objective findings for the low back. There are not enough objective findings or objective functional deficits of the low back that require chiropractic treatments. Therefore, the request for 12 chiropractic treatments for the lumbar spine is not medically necessary.