

Case Number:	CM14-0108463		
Date Assigned:	08/01/2014	Date of Injury:	12/05/2013
Decision Date:	09/09/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/12/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 58 year old male with a work injury dated 12/5/13. The diagnoses include lumbar disc protrusion, lumbar facet hypertrophy, lumbar myospasm, lumbar pain, lumbar radiculopathy, lumbar sprain / strain, left elbow neuralgia, left elbow pain, left elbow sprain/strain, left carpal tunnel syndrome, left wrist sprain/strain/pain, disruptions of 24-hour sleep-wake cycle, loss of sleep, sleep disturbance, anxiety, depression, irritability. There is a primary treating physician report dated 2/25/14 that states that the patient has left elbow, low back, left wrist pain. He has sleep loss due to pain and depression and anxiety. The lumbar spine has decreased range of motion. There is +3 tenderness to palpation of the lumbar paravertebral muscles. There is muscle spasm of the lumbar paravertebral muscles. Kemp's is positive bilaterally. Sitting Straight Leg Raise is positive. The left wrist uses a brace. The ranges of motion are decreased and painful. There is +3 tenderness to palpation of the lateral wrist, medial wrist and volar wrist. There is a request for chiropractic 2 x 4, physical therapy, acupuncture, pain management and orthopedic consults. The patient is to remain off of work. A 5/29/14 pain management consult states that the patient's chiropractor recommended physiotherapy, chiropractic care, and Acupuncture treatments. The patient underwent the recommended treatments and as his symptoms continued, he was referred to me for a Pain Management Consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58, 59.

Decision rationale: Chiropractic 2 x 4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines recommend manual therapy and manipulation for low back pain with an initial trial of 6 visits over 2 weeks, with evidence of objective functional improvement with total of up to 18 visits over 6-8 weeks. It is not clear exactly how many chiropractic visits the patient has had at this point. From the chiropractic care he has had already received there is no evidence of significant functional improvement (as defined by the MTUS) or significant improvement in pain levels. For these reasons a request for chiropractic 2 x 4 is not medically necessary.