

Case Number:	CM14-0016779		
Date Assigned:	04/11/2014	Date of Injury:	03/29/2013
Decision Date:	05/09/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/10/2014

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 Board Certified 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:

The patient is a 42-year-old male who sustained cumulative trauma injuries to his neck, ankles, shoulders, wrists, upper back and low back from 2002 to 3/29/2013 as a result of performing his duties as a warehouse manager. The chief complaints as reported by the consulting orthopedic surgeon are "constant 6/10 cervical pain radiating to the right hand associated with numbness and tingling. The pain is aggravated by any activity or strong movement. Constant 7/10 lumbar pain associated with a tingling sensation." The chief complaints also documented by the treating chiropractor are occasional throbbing right arm pain, frequent throbbing bilateral foot pain, frequent and dull bilateral shoulder pain and wrist pain. The patient has been treated with medications, physical therapy, acupuncture, psychotherapy, a functional capacity evaluation and chiropractic care. The patient has also undergone carpal tunnel syndrome (CTS) release in both wrists. MRI (magnetic resonance imaging) study of lumbar spine revealed these significant findings: L3-4 level, 1-2 mm posterior disc bulge with no stenosis or foraminal narrowing. At L4-5 there is a posterior annular tear with a 2-3 mm posterior disc bulge." Cervical spine MRI provided these findings: "1-2 mm posterior disc bulge at C5-6 resulting in mild left neural foraminal narrowing." The diagnoses assigned by the treating chiropractor are bilateral carpal tunnel syndrome, cervico-thoracic disc bulge, lumbosacral disc protrusion, stress, thoracic spine degenerative joint disease (DJD), bilateral ankle sprain/strain and bilateral shoulder sprain/strain. The primary treating physician is requesting for 1 chiropractic session for 4-6 weeks to the neck, upper back, lower back, both shoulder, both wrists and both ankles.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 1 X WEEK FOR 4-6 WEEKS FOR BILATERAL WRISTS, CERVICAL SPINE, LUMBAR SPINE, THORACIC SPINE, BILATERAL SHOULDERS AND BILATERAL ANKLES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and Manual Therapy, Section Definition Page(s): 58-60 and 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Low Back, Foot and Ankle, Wrist and Hand and Shoulder Chapters, Manipulation Section

Decision rationale: The patient has completed prior chiropractic sessions as reported in the records submitted for review. The Official Disability Guidelines (ODG) recommends additional chiropractic care with objective functional improvement. The MTUS guidelines do not recommend manipulation for ankle and foot, carpal tunnel syndrome and wrist. Upon review of the one progress report included in the records it is not evident that objective functional improvement with the ongoing chiropractic care rendered is present. An initial comprehensive report is provided by the treating chiropractor with detailed findings. However, additional progress notes from the treating chiropractor does not document objective findings that show improvement in the past with care already rendered. The MTUS states that objective functional improvement must be present and "measured" in order for additional care to be warranted. The MTUS-Definitions section defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." Given that there has been no evidence of objective functional improvement with the chiropractic care rendered and as indicated by MTUS definitions, the request for 1 chiropractic session to be rendered for 4-6 weeks to the neck, upper back, lower back, both shoulder, both ankles and both wrists to not be medically necessary and appropriate.