

Case Number:	CM14-0124550		
Date Assigned:	09/25/2014	Date of Injury:	08/03/2003
Decision Date:	12/04/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/06/2014

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 Orthopedic Surgery 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:

This is a 62-year-old female with an 8/3/03 date of injury. According to a progress report dated 6/3/14, the patient reported intermittent moderate pain in the low back. She complained of bilateral leg pain, aggravated with her bowel movements. She also complained of stiffness in the neck. She stated that her previous chiropractic treatment allowed her to do more daily activities, such as chores. She reported a flare up of her bilateral wrist pain. According to a progress report dated 3/4/14, the patient reported 80% improvement in pain symptoms with previous completed 12 sessions of chiropractic treatment. Objective findings: tenderness to palpation about the paracervical and trapezial muscles, cervical muscle spasms noted with restricted range of motion, tenderness to palpation of bilateral wrist/hands with restricted range of motion, positive Tinel's bilaterally, tenderness to palpation about the paralumbar musculature with muscle spasms and restricted range of motion, tenderness at medial and lateral joint line of bilateral knees. Diagnostic impression: cervical spine strain, bilateral carpal tunnel syndrome, lumbar spine sprain/strain with radicular complaints, bilateral knee internal derangement. Treatment to date: medication management, activity modification, physical therapy, chiropractic treatment. A UR decision dated 7/29/14 denied the request for chiropractic treatment. The patient has already received considerable chiropractic care with no evidence that any additional treatments will significantly affect the treatment outcome or likely result in significant subjective and objective improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 1 x per week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Low Back Complaints; Manual Therapy and Manipulation Page(s): 58.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits is supported. In addition, elective/maintenance care is not medically necessary. However, in the present case, this patient has completed at least 12 sessions of chiropractic treatment. There is no documentation of objective functional improvement in the reports reviewed. In addition, a specific area for treatment is not noted in this request. Therefore, the request for Chiropractic treatment 1 x per week for 6 weeks was not medically necessary.