

Case Number:	CM14-0125918		
Date Assigned:	08/13/2014	Date of Injury:	03/14/2014
Decision Date:	12/30/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/08/2014

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 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 39 year old male with complains of chronic pain in the cervical, thoracic and lumbar spine, date of injury was 03/14/2014. Previous treatments include chiropractic, medications, bracing. Progress report dated 07/07/2014 by the treating doctor revealed patient complains of headaches, dizziness/vertigo, neck pain, upper back pain, mid back pain, low back pain, right shoulder pain, right arm pain, right elbow pain, right hand, and right knee pain. Neck pain described as aching, throbbing, burning, and cramping, 9/10 and constant; Upper back pains are aching, throbbing, burning, and cramping, 9/10 and constant. Mid back pain is aching, throbbing, burning and cramping, 9/10 and constant. Low back symptoms described as aching, throbbing, burning, cramping, deep, grabbing pain, movements hurt, 9/10 and constant. Objective findings include +5 palpation, asymmetry, edema, hypertonicity, hypomobility in cervical, thoracic, and lumbar region, +5 misalignments, motion palpation fixations, motion palpation crepitus, subluxations was found in left hip, right scapula, hand, hip, knee, shoulder, elbow, wrist, bilateral C2, C5-6, T1-2, T7-9, L1, L4-5, sacrum, and pelvis. Cervical and lumbar ROM decreased in all planes. Adson's is positive on the right, cervical compression is positive bilaterally, shoulder depressor is positive bilaterally, Valsalva is positive, Soto Hall is positive, Cervical distraction is positive, thoracic outlet test is positive on the right, upper limb tension test is positive on the right. Low back showed positive Minor's sign, Valsalva, Lindner, bilateral leg raise, straight leg raise on the right, Braggard's on the right, Fabere's on the right, Derifield on the left, Nachlas on the right, Ely on the right, Kemp's is positive bilaterally. Diagnoses include cervicobrachial syndrome, cervicocranial syndrome, cervical discopathy, thoracic enthesopathy, TOS, lumbar IVD w/myelopathy, lumbar enthesopathy, lumbar radiculitis, pelvic hip sp/st of iliofermoral ligament, sacral enthesopathy,

sacral sciatica, knee sp/st, hand sp/st, wrist sp/st of carpal joint, arm strain, cephalgia, shoulder arthropathy, vertigo, hip/thigh sp/st, concussion with loss of consciousness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 x 6 weeks, cervical , thoracic, lumbar report dated 7/7/14 QTY 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 160,111 and 115,Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 127.

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

Decision rationale: The claimant presents with ongoing pain in multiple body parts that include the cervical, thoracic and lumbar spine. Reviewed of the available medical records showed he has had at least 6 chiropractic treatments from 03/17/2014 to 05/12/2014. While progress report dated 07/07/2014 did not document any flare up, there is no evidence of objective functional improvement achieved with previous chiropractic treatments. The claimant continues to experiences severe, 9/10, and constant pain in his neck, upper back, mid back, and lower back. Based on the guidelines cited, the request for additional Chiropractic Treatments 2x6 weeks is not medically necessary.