

Case Number:	CM14-0137254		
Date Assigned:	09/05/2014	Date of Injury:	05/23/2013
Decision Date:	10/02/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/25/2014

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 54 year old female patient with chronic neck, low back and bilateral wrists pain, date of injury is 5/23/2013. Previous treatments include medications, topical creams, physical therapy, chiropractic, acupuncture, massage, TENS unit and shockwave therapy. Primary treating doctor progress report dated 07/17/2014 revealed patient complains of constant severe sharp, stabbing neck pain, numbness, tingling and weakness, constant severe sharp, throbbing low back pain, numbness, tingling and weakness, constant severe sharp, throbbing right elbow pain numbness, tingling and weakness, constant severe sharp, throbbing left elbow pain, numbness, tingling and weakness, constant severe sharp, throbbing, burning right wrist pain, numbness, tingling and weakness, and constant severe sharp, throbbing, burning left wrist pain, numbness, tingling and weakness. Cervical spine exam revealed decreased and painful ROM, cervical paravertebral muscles tenderness. Lumbar spine exam revealed decreased and painful ROM. Bilateral elbows ROM are painful and decreased, left more than right. A bilateral wrist ROM was decreased and painful. Diagnoses include cervical pain, lumbago, right wrist pain and left wrist pain. The patient remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of chiropractic/physiotherapy to the cervical spine, lumbar spine and bilateral wrist, (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: Reviewed of the available medical records noted this patient's symptoms has persisted despite the use of multiple modes of therapy. She had failed to respond to conservative treatments that include chiropractic, physical therapy, acupuncture, medications, TENS and shockwave therapy. The patient had chiropractic treatments before with no evidences of objective functional improvements. Based on the guidelines cited, the request for additional 12 sessions of chiropractic/physiotherapy is not medically necessary.