

Case Number:	CM14-0137890		
Date Assigned:	09/05/2014	Date of Injury:	10/08/2013
Decision Date:	10/02/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/26/2014

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 New York. 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 applicant is currently a 53 year old female who was involved in an industrial injury that occurred on October 8, 2013 while employed by [REDACTED]. She is employed as a sandwich packer. She was standing by the wall waiting for the restroom. She felt she was slipping so she turned to try and hold onto the wall, lost her balance and fell onto her buttocks striking her elbow on the floor. Upon review of a medical record dated 6/27/14 it was noted that prior physical therapy and chiropractic treatment was received without much benefit. Although, there were subjective complaints of tenderness of the bilateral lumbar paraspinals and a decrease in the lumbar ranges of motion there were negative orthopedic testing of the lumbosacral spine, there was no weakness, sensation was intact, reflexes were normal. There were subjective complaints of tenderness over the bilateral elbows and lateral epicondyle, elbow ranges of motion was normal. Upon review of a secondary treating physicians progress report dated 8/8/14 the applicant presented with subjective complaints of neck pain, left shoulder pain, lumbar spine pain that radiates to the bilateral legs more on the right, bilateral heel pain, right arm pain from the elbow to the hand. The applicant is attending therapy and taking medications. Condition was indicated as improved. The applicant is not working. Objective findings included cervical and lumbar paraspinal tenderness. A diagnosis was given as: cervical and lumbar sprain/strain, bilateral shoulder and wrist sprain. In review of a primary treating physicians progress report dated 8/5/14, chiropractic adjustments to the neck and low back as well as both shoulder has resulted in much improvement in the neck and low back. The heavy moderate pain has ease up. The overall neck/upper back pain has improved by 70% and the low back has improved by 50%. Both shoulders feel improvement. MRI of the cervical spine dated 2/4/14 demonstrated C4/5, D5/6 and C6/7 disc herniation and MRI of the lumbar spine dated 2/4/14 demonstrated annular fissure L5/S1, L1/2 disc herniation, L4/5 left paracentral disc fusion with concurrent hypertrophy

of left facet joint which causes stenosis of left IVF, L4/5 disc herniation. MRI of the right elbow dated 2/4/14 demonstrated tendinosis of the triceps. In a utilization review report dated 8/19/14 the reviewer determined the proposed chiropractic treatment 4 visits to the lumbar spine and right elbow were not medically necessary. There was no documentation from review of a PR-2 report documenting functional improvement in ADL or pain management to warrant continued treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Visits X4 Lumbar Spine, Right Elbow: Upheld

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

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

Decision rationale: Additional chiropractic treatment four sessions to the lumbar spine and right elbow is not medically necessary or appropriate or sanctioned in this particular case under the CA MTUS Chronic Pain Medical Treatment Guidelines Manual Therapy & Manipulation. Elective maintenance care is not medically necessary as well as there has not been any documented recurrences/flare ups. Upon review of the clinical presentation of this particular applicant there were no objective clinical findings to warrant continued chiropractic treatment. Subjective complaints do not substantiate the need for further treatment. This request is not medically necessary.