

Case Number:	CM14-0151408		
Date Assigned:	09/19/2014	Date of Injury:	10/16/2007
Decision Date:	10/20/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/17/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 67 years old female with an injury date on 10/16/2007. Based on the 07/25/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervical spine sprain/strain with radicular complaints. 2. Status post right shoulder arthroscopic surgery in 2010. 3. Bilateral wrist tenosynovitis. 4. Right carpal tunnel syndrome. 5. Lumbar spine sprain/strain with radicular complaints. 6. Status post AME of [REDACTED]. According to this report, the patient complains of intermittent moderate pain of the right shoulder and neck with radiation to the upper extremities, bilaterally. Numbness and tingling are noted in the right hand. The patient also complains of mild to moderate lower back pain with radiation to the legs, bilaterally. Physical exam reveals tenderness to palpation over the cervical/ lumbar paraspinal muscles, trapezius muscle, anterior/lateral shoulder, supraspinatus, and pectoralis muscle. Cervical, lumbar, right shoulder and wrist/hands ranges of motion are restricted with pain. Tinel's, Phalen's, and straight leg raise test are positive. There is decreased sensation in the C5, L5, and S1 dermatomes. There were no other significant findings noted on this report. The utilization review denied the request on 08/19/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/19/2014 to 07/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Chiropractic Treatment for the Lumbar Spine: 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 Manual therapy & manipulation Page(s): 58-59.

Decision rationale: According to the 07/25/2014 report by [REDACTED] this patient presents with pain of the right shoulder, neck, and low back with radiation to the extremities, bilaterally. The treater is requesting 8 sessions of chiropractic treatment for the lumbar spine. Regarding chiropractic manipulation, MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/ flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In this case, review of reports show the patient has had chiropractic care in the past, unknown number of sessions and time frame. There was no documentation of objective functional improvement. Without this information, one cannot consider additional treatments. While MTUS guidelines allow up to 18 sessions of chiro treatments following initial trial of 3-6, in this case, chiro therapy treatment history is not known. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Recommendation is for denial.