

Case Number:	CM14-0157443		
Date Assigned:	09/30/2014	Date of Injury:	03/16/2010
Decision Date:	10/29/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/25/2014

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 Board Certified in Chiropractic 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 63 year old male who has experienced cumulative trauma injuries to his neck, low back, bilateral shoulders, bilateral wrists/hands and bilateral elbows from 6/6/1977 to 3/16/2010, as a result of performing his duties as a [REDACTED]. Per the specialty physician's report symptoms are reported as follows: "The patient has continued residual symptomatology in his cervical and lumbar spine. The symptomatology in the patient's right shoulder, right elbow and bilateral hands has not changed significantly." The patient has been treated with medications, physiotherapy modalities and physical therapy. Diagnoses assigned by the PTP are cervical discopathy with radiculitis, right shoulder impingement, right cubital tunnel syndrome, carpal tunnel syndrome and lumbar discopathy. EMG/NCV studies have been negative for all upper extremities and low extremities with the exception of "lumbar "radiculitis" based upon mildly increased insertional activity (left greater than right) at the L5 spinal level without evidence of distal abnormalities." MRI studies of cervical spine has shown a 2 mm disc bulge at C6-7 and multiple osteophyte and hypertrophic changes from C2 to C7. Lumbar MRI study has evidenced 1-2 mm disc bulges at L3-4 and L5-S1 with foraminal stenosis. The PTP is requesting a initial trial of 12 chiropractic care sessions to include myofascial release, mechanical traction, spinal manipulation of 1-2 and 3-4 regions and extremity manipulation. The carrier has modified the request and approved 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits 2x6 including myofascial release, mechanical traction, spinal manipulation of 1-2 and 3-4 regions and extremity manipulation.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back and Low Back Chapters, Manipulation Section.

Decision rationale: There is mention of prior chiropractic care for this patient however, the UR reviewer notes, in a conversation with the requesting chiropractor states that chiropractic care has not been provided for this patient in the past. The MTUS recommends a trial of 6 sessions of manipulation to be rendered over 2 weeks. The UR department has conducted a peer review with the requesting physician and approved 6 session of chiropractic care per The MTUS. I find that the 12 chiropractic sessions requested to include myofascial release, mechanical traction, spinal manipulation of 1-2 and 3-4 regions and extremity manipulation to not be medically necessary and appropriate.