

Case Number:	CM14-0183092		
Date Assigned:	11/07/2014	Date of Injury:	05/13/2011
Decision Date:	12/18/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/03/2014

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 Licensed 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:

According to the available medical records, this is a 65 year old male with chronic pain in the neck, upper back, lower back, bilateral upper extremities, and bilateral lower extremities, date of injury is 05/13/2011. Previous treatments include knee injections, lumbar epidural injection, medications. There is no other treatment records available. Progress report dated 09/30/2014 by the treating doctor revealed patient with pain in the neck, upper back, lower back, bilateral shoulders/arm, bilateral elbow/forearms, bilateral wrist/hand, bilateral hip/thigh, bilateral knee/leg, bilateral ankle/foot. Some of the subjective findings on the report are hand written with poor copy quality to read. Physical exam noted intact light touch sensation. There is no other objective findings documented on the report. Diagnoses include cervical spine disc bulge, thoracic spine disc bulge, lumbar spine disc bulge, right shoulder strain, left shoulder strain, right elbow strain, left elbow strain, right wrist/hand strain, left wrist/hand strain, right hip strain, left hip strain, right knee internal derangement, left knee internal derangement, right ankle/foot strain, left ankle/foot strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x week x 6 weeks Cervical, Thoracic, and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

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

Decision rationale: The claimant presents with pain to multiple body parts with injury about 3 years ago. Reviewed of the available medical records show no previous chiropractic treatments. A trial of 6 chiropractic treatments over 2 weeks might be recommend by MTUS guidelines, with evidence of objective functional improvement, up to 18 visits over 6-8 weeks. Current progress report dated 09/30/2014 by the treating doctor did not document any objective functional deficits, and the current request for 12 visits also exceeded the guideline recommendation. Therefore, it is not medically necessary.