

Case Number:	CM14-0028174		
Date Assigned:	06/20/2014	Date of Injury:	10/26/2012
Decision Date:	07/23/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/03/2014

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:

The patient is a 31 year old female who injured her upper and lower back on 10/26/2012 while employed as a customer service representative. The chief complaints as reported by the PTP are upper and lower back pain, shoulder pain, right elbow and forearm pain, neck pain, right wrist and hand pain with tingling and numbness and difficulty sleeping. The patient has been treated with medications, physical therapy, home exercises and at home EMS. The diagnosis assigned by the PTP for the lumbar spine is thoracolumbar musculoligamentous sprain/strain. An EMG/NCV study of the upper extremities has been negative. There are no records of previous MRI studies, if any, in the materials reviewed. The PTP is requesting an initial trial run of 8 sessions of chiropractic care to the thoraco-lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENTS TWO TIME PER WEEK FOR FOUR WEEKS, 8 TREATMENTS: Overturned

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 & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Manipulation Section.

Decision rationale: The records submitted for review have clarified that this patient has never been treated with chiropractic care in the past. MTUS ODG Low Back Chapter recommends an initial trial of manipulation "of 6 visits over 2 weeks." MTUS Chronic Pain Medical Treatment Guidelines recommends manipulation "for chronic pain if caused by musculoskeletal conditions." I find that the 8 chiropractic sessions requested to the thoracolumbar spine to be medically necessary and appropriate.