

Case Number:	CM14-0031912		
Date Assigned:	06/20/2014	Date of Injury:	01/13/2014
Decision Date:	07/29/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/13/2014

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 41 year old female with date of injury 1/13/14. The treating physician report dated 2/11/14 indicates that the patient presents with a chief complaint of constant lower back pain with bilateral lower extremity pain, bilateral heel and foot pain, constant neck pain and bilateral wrist and hand pain. The patient's current diagnoses are bilateral plantar fasciitis, possible lumbar discogenic pain or facet pain, constant bilateral lumbosacral radicular pain, L5 right greater than left, possible cervical discogenic pain or facet pain or cervical pain and bilateral cervical radicular pain C5/6 vs. referred pain from carpal tunnel syndrome. The utilization review report dated 2/28/14 denied the request for 12 initial chiropractic treatments for the right arm 2x6 and modified the request to authorize 9 visits per guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Initial Chiropractic Treatment for Right Arm for 2 x week x 6 weeks as an outpatient:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS website ACOEM-
<http://www.acoempracguides.org/cervical> and thoracic spine; table 2 Summary of recommendations, cervical and thoracic spine disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173,Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The patient presents in the acute phase of injury with pain affecting the cervical spine with radiation of pain into the arms bilaterally as well as the lumbar spine with lower extremity pain bilaterally. The current request is for 12 initial chiropractic treatment sessions for the right arm. The ACOEM guidelines support chiropractic treatment in the acute phase of care with no mention of the number of initial visits recommended. The MTUS guidelines recommend an initial trial of 6 chiropractic treatments and with functional improvement treatment may be continued. MTUS does not support a 12 visit trial of chiropractic manipulation. Therefore the request is not medically necessary.