MAXIMUS Federal Services

Case Number:	CM14-0066380		
Date Assigned:	07/11/2014	Date of Injury:	02/09/1998
Decision Date:	08/13/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/09/2014

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 as a Chiropractor 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 48 year old male with chronic back pain, date of injury 02/09/1998. Previous treatments include chiropractic, physical therapy, orthotics, medications, localized intense neurostimulation therapy, and home exercise. Progress report dated 04/14/2014 by the requesting doctor revealed patient returned for treatment. He had shown some functional improvement and received some benefit. Current complaints include upper back pain between the shoulder blades that is constant, aching, and increases with any prolonged sitting or standing and improves with treatments; bilateral foot and ankle pain associated with prolonged standing; slight intermitten neck pain with occasional numbness and tingling into the left hand. Cervical ROM: flexion 45, extension 50, lateral flexion 35 bilaterally, left rotation 70 and right rotation 80, right spinous process tenderness, right paravertebral muscle spasm and rigth upper trapezius muscle spasm. Positive cervical distraction test, maximal foraminal compression and shoulder depression test. Whartenburg pinwheel decreased on dorsum of left hand. Thoracolumbar paravertebral muscle spasm, lumbar ROM: flexion 60, extension 20, lateral flexion 30 bilaterally, rotation 30 bilaterally. Positive Kemp's and Milgram's test. Diagnoses include thoracic spine myoligamentous injury, lumbar spine myoligamentous injury, bilateral ankle myoligamentous injury and cervical spine myoligamentous injury. The patient may continue working without restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic for 5 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

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

Decision rationale: This patient had been returning to work full duties with no restriction since 02/14/2014. CA MTUS guideline recommend 1-2 visits every 4-6 months for recurrence/flares-up. The patient has completed 6 visits since 02/14/2014, and the request for additional 5 visits will exceed the guidelines recommendation. Therefore, it is not medically necessary.