

Case Number:	CM14-0083097		
Date Assigned:	07/21/2014	Date of Injury:	01/16/2014
Decision Date:	10/14/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/04/2014

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 injured worker is a 43 year old female with a date of injury of 1/16/14. According to the 2/14/14 PR2 provided, the patient was hit by a falling cabinet which struck her on the neck, shoulders and low back as she was kneeling to put away an iPad. According to a PR2 dated 4/30/14, the patient complains of aggravation of wrist, neck and hand pain following physical therapy treatments. Pain radiates to the upper trapezius and radiating low back pain to the right lower extremity. The patient has been prescribed Ibuprofen, SOMA, Vicodin, Tramadol and Singulair in the past. The patient had an EMG/NCV test which was negative and an MRI of the cervical and lumbar spine which revealed multilevel disc bulges at 2mm and annular tear at C6/C7 and 2mm disc bulges at L3/L4, L4/L5, L5/S1. Orthopedic tests revealed decreased range of motion of the cervical spine with paravertebral tenderness and spasm. Spurling's test was negative, decreased left shoulder range of motion with flexion and abduction to 150 degrees, positive impingement sign on the left, decreased range of motion in the lumbar spine, with paravertebral muscle tenderness and spasm and positive straight leg raise on the right at 70 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 3 x 4 cervical, trapezius and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient was authorized 6 of the requested 12 chiropractic visits per the letter from [REDACTED] dated 5/23/14. It is unknown if the patient has begun chiropractic visits yet, as no chiropractic treatment notes are available for this review. California Medical Treatment Guidelines state that an initial trial of 6 visits over two weeks and up to 18 visits with documentation of objective functional improvement. Because 6 visits have already been authorized, an additional 6 sessions without supporting documentation of treatment notes would not be supported. Therefore, this request for 12 chiropractic sessions is not medically necessary.