

Case Number:	CM14-0085034		
Date Assigned:	07/25/2014	Date of Injury:	03/28/2012
Decision Date:	08/28/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/06/2014

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 41-year-old male born on [REDACTED]. While employed by [REDACTED] the patient experienced cumulative trauma with date of injury noted as 03/28/2012. The patient underwent chiropractic examination on 07/27/2012 with a complaint of low back pain radiating into the buttocks. By examination on 07/27/2012, lumbar spine range of motion was decreased, muscle guarding present in the paralumbar musculature, and positive findings were noted on Kemp's, Milgrams and Minor's tests. The patient was diagnosed with lumbar strain, rule out disc injury. On 07/27/2012, authorization for chiropractic care at a frequency of 3 times per week for 4 weeks was requested. On 01/29/2014, the patient was approved for 6 chiropractic treatments over a 3-week period. A primary treating physician's follow-up report of 01/30/2014 indicated the patient had some intermittent low back pain but no numbness or tingling in either extremity, and the wrist pain had dissipated. On 04/03/2014, the patient reported his wrist hurt only when it became cold (60-65), otherwise he used his wrist without restriction and he could do anything with it until it ached, which the patient stated felt like an arthritis type of pain. Lower back pain associated with minimal activity was described as minimal, 4-5/10 with sitting for an hour, and 7/10 when bathing his children. Examination of the right upper extremity on 04/03/2014 revealed no evidence of scarring, discoloration or swelling, palpation of the right forearm revealed muscle spasm and tenderness in the forearm flexors, upper extremity DTRs were brisk and responsive bilaterally and determined normal, pinwheel testing of the upper extremity dermatomes revealed no evidence of sensory loss or hyperesthesia, right wrist ranges of motion were noted as: flexion 75, 78, 79/60, extension 51, 50, 48/60, abduction 20, 18, 19/20, and adduction 47, 47, 45/30; and upper extremity strength was reported as appeared to be normal. Lumbar spine examination revealed no evidence of discoloration, swelling or scarring; muscle spasm and tenderness were present on the left side of the 4th and 5th lumbar vertebrae, lower extremity DTRs were brisk

and responsive and determined to be normal bilaterally, pinwheel testing of the L4-S1 dermatomes revealed no evidence of sensory loss or hyperesthesia, negative Babinski's test; positive findings on left Kemp's, left Lasegues at 57 causing left lower back pain, Milligrams, left Lewin-Gaenslen, left Ely's and Yeoman's, and bilateral Hibb's; otherwise lumbar spine and pelvic orthopedic testing was negative. No evidence of gross atrophy of lower extremity circumferential measurements. Lower extremity muscle strength was reported to appear to be normal. Diagnoses were noted as recurring mild spasms and pain in the right wrist and forearm during cold temperatures, and 4th and 5th lumbar disc herniations with an L5/S1 annular tear associated with chronic lower back strain/sprain, mild spasms, and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic therapy sessions for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, pages 58-60 Page(s): 58-60.

Decision rationale: The MTUS (Chronic Pain Medical Treatment Guidelines) does not support manual therapy and manipulation in the treatment of forearm, wrist, or hand complaints. MTUS reports the following: Manual therapy and manipulation are not recommended in the treatment of carpal tunnel syndrome. Manual therapy and manipulation are not recommended in the treatment of forearm, wrist, and hand complaints. Therefore, the request are not medically necessary.

6 chiropractic therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, pages 58-60 Page(s): 58-60.

Decision rationale: The MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits of manual therapy and manipulation in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. The patient underwent chiropractic examination on 07/27/2012, and authorization for chiropractic care at a frequency of 3 times per week for 4 weeks was requested. On 01/29/2014, the patient was approved for 6 chiropractic treatments over a 3-week period. There was no documentation of measured objective functional improvement with chiropractic care rendered, no evidence of an acute flare-up, and

elective/maintenance care is not supported; therefore, the request for 6 chiropractic treatment visits exceeds guidelines and are not medically necessary.