

Case Number:	CM14-0018788		
Date Assigned:	04/23/2014	Date of Injury:	10/13/2013
Decision Date:	03/09/2015	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

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 57 year old female injured worker suffered cumulative trauma injury on 10/13/2013 while working as a cook. The areas affected included head, neck, bilateral upper extremities, low back, psyche and sleep. Also she reported she had fallen at one time during her employment but did not receive treatment as her employer did not understand her language. She reported she frequently had abdominal pain with colic, frequently dropped things. The injured worker reported the visit on 12/17/2013 was the first time for medical evaluation and treatment. The exam revealed continuous pain to the neck and upper back with headaches. The pain goes from the shoulders to the arms and hands with popping, clicking and grinding along with numbness and tingling. The hands and wrists have continuous pain with episodes of swelling, cramping, weakness and dropping things. The low back has pain with reduced range of motion. She reported difficulty sleeping due to the pain and reported depression, anxiety and stress. The exam revealed paravertebral spasms, decreased lumbar range of motion and positive tenderness. The diagnoses were cervical radiculopathy, bilateral epicondylitis, bilateral carpal tunnel syndrome and lumbar radiculopathy. The provider requested initial chiropractic therapy. The UR decision was to modify the request for chiropractic therapy from 12 sessions to 6 sessions with the understanding if there is evidence of improvement with the initial session, the injured worker can apply for additions sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 x week x 4 weeks Neck/Low Back: 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 Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely.

Decision rationale: The claimant presented with chronic pain in the neck and low back due to cumulative trauma injury on 10/13/2013. There is no records, of previous chiropractic treatments. While MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, with evidences of objective functional improvement, total up to 18 visits over 6-8 weeks, the request for 12 chiropractic treatments exceeded the guidelines recommendation. Therefore, without first demonstrating functional improvement with a trial of 6 visits, the request for 12 visits is not medically necessary.