

Case Number:	CM14-0208663		
Date Assigned:	12/22/2014	Date of Injury:	10/03/2012
Decision Date:	02/27/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/12/2014

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 claimant is a 30-year-old male who was involved in a work injury on 10/3/2012 in which he injured his lower back. The injury was described as the claimant "was working on top of an RV doing roof work when he accidentally stepped in a vent. He injured his lower back when he slipped. He tried to stop the fall with his left hand but ended up hurting his thumb. He had low pain. His hand and finger pain radiating to the elbow. There was pain in the left thumb that was moderately severe." The claimant presented to the office of [REDACTED] on 10/8/2012 for an evaluation. The claimant was diagnosed with lumbosacral sprain, elbow sprain/strain, finger contusion, and finger sprain/strain. The recommendation was for an elbow splint, moist heating pad, lumbar support, and chiropractic treatment. The claimant began chiropractic treatment on 10/30/2012 with overall improvement. The claimant also underwent a course of acupuncture for his hand complaints. The claimant then changed treating providers and presented to the office of [REDACTED] for complaints of continued lower back pain. The claimant was referred for an MRI of the lumbar spine and EMG of the lower extremities. The recommendation was for a course of physical therapy. By 10/22/2013 it was determined that the claimant was permanent and stationary. With respect to future medical care was noted that "physical therapy, chiropractic care, medications, trigger point injections, facet blocks, bracing and possible surgical intervention" would be appropriate. On 5/15/2014 the claimant underwent an agreed medical re-examination with [REDACTED], orthopedist. The claimant was diagnosed with right shoulder impingement with minimal labral injury was some mild AC joint findings, left shoulder sprain/strain, right wrist carpal tunnel syndrome, left wrist

carpal tunnel syndrome, and lumbosacral discogenic disease. The report indicated the claimant continue to work full duty at his previous employment. With respect to additional treatment it was noted that the claimant may be a candidate for future right shoulder arthroscopic debridement and that therapy and medication are reasonable treatments for the bilateral wrist complaints. With respect to the lumbar spine the evaluator deferred any comments pending a new MRI of the lumbar spine and EMG/NCV studies of the bilateral lower extremities. On 6/23/2014 [REDACTED] submitted a supplemental report following a review of the lumbar MRI dated 5/22/2014. [REDACTED] opined that "in terms of further treatment, to leave open therapy, medications and pain management" and that the claimant was not a surgical candidate. On 9/26/2014 [REDACTED], orthopedist evaluated the claimant for complaints of left shoulder and lower back pain. The claimant was diagnosed with lumbar disc protrusion, left shoulder strain, and left thumb CMC synovitis. The recommendation was for a course of 8 chiropractic treatments. This request was denied by peer review based on the absence of prior records indicating the claimant's response to the previous course of chiropractic treatment. The peer reviewer did not have access to the AME report in which Pechman outlined the past treatment history including the chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 x 4 to the lumbar spine: Upheld

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

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

Decision rationale: The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 8 treatments exceed this guideline. Given the clinical findings on the examination and consistent with the AME report recommendations a course of 6 treatments could be considered appropriate. The claimant had previously undergone a course of chiropractic treatment with overall improvement followed by a brief course of physical therapy that resulted in the claimant achieving maximum medical improvement and being released from care. The claimant has been able to return to work full duty with no restrictions as a result of the previous course of care. [REDACTED], the AME, indicated that future therapy for the lumbar spine could be considered appropriate. A course of 6 treatments would be appropriate for the current complaints. However, the request was for a treatment which is in excess of MTUS guidelines and is therefore, not medically necessary.