

Case Number:	CM14-0086860		
Date Assigned:	07/23/2014	Date of Injury:	10/10/2008
Decision Date:	04/10/2015	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/09/2014

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. 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: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old man sustained an industrial injury on 10/10/2008. The mechanism of injury is not detailed. Current diagnoses include cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, bilateral shoulder sprain/strain, bilateral arms numbness, bilateral leg numbness, and bilateral knee sprain/strain. Treatment has included oral medications, rest, physiotherapy, chiropractic treatment, and lumbar support. Physician notes on a PR-2 dated 4/3/2014 show complaints of poor sleep quality, frequent headaches, musculoskeletal pain, urinary frequency, weight gain, bilateral shoulder pain, hand pain with numbness and tingling, neck pain, low back pain, bilateral knee pain, and bilateral ankle pain. Recommendations include electrical stimulation therapy, paraffin bath therapy, ultrasound, MRI with contrast of the cervical and lumbar spine, bilateral shoulders, bilateral knees, EMG/NCV of the bilateral upper and lower extremities, and chiropractic treatment. On 5/8/2014, Utilization Review evaluated a prescription for 12 chiropractic sessions, that was submitted on 6/9/2014. The UR physician noted there is no clear evidence of lasting functional improvement from prior chiropractic treatments. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments/manipulations 3 times a week for 4 weeks: 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 Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: Regarding the request for chiropractic treatment, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is documentation of completion of prior chiropractic sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In the absence of clarity regarding the above issues, the currently requested chiropractic treatment is not medically necessary.