

Case Number:	CM14-0094155		
Date Assigned:	09/22/2014	Date of Injury:	05/22/2013
Decision Date:	04/02/2015	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/20/2014

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 injured worker is a 40 year old female who sustained an industrial injury on 05/22/2013. Diagnoses include cervical spine sprain/strain with radicular complaints, thoracic spine sprain/strain, right wrist/hand tenosynovitis, and lumbar spine sprain/strain. Treatment to date has included medications, and chiropractic sessions. A physician progress note dated 04/17/2014 documents the injured worker has moderate neck pain with radiation to the right upper extremity with numbness and tingling in the fingers of the right hand. She states she did get relief from previous chiropractic treatments. On examination she has cervical spine tenderness about the paracervical and trapezial muscles. There is some guarding on examination. The Cervical Compression Test is negative. Treatment requested is for 8 additional chiropractic treatment for the cervical spine, 2 times a week for 4 weeks. On 05/28/2014 Utilization Review non-certified the request for 8 additional chiropractic treatment for the cervical spine, 2 times a week for 4 weeks, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ADDITIONAL CHIROPRACTIC TREATMENT FOR THE CERVICAL SPINE, 2 TIMES A WEEK FOR 4 WEEKS, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: 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. Elective/maintenance care Not medically necessary. Recurrences/flare-ups Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended, page 58-59 Page(s): 58-59.

Decision rationale: The claimant presented with ongoing pain in the neck, thoracic, right wrist/hand, and lumbar despite previous treatments with medications, chiropractic, and physiotherapy. The total number of chiropractic visits completed to date is unknown, however there is no evidence of objective functional improvements. The primary treating doctor's progress report noted continue subjective pain symptoms and no changes in objective findings. Therefore, the request for additional 8 chiropractic treatments is not medically necessary.