

Case Number:	CM15-0001852		
Date Assigned:	01/12/2015	Date of Injury:	02/11/2014
Decision Date:	03/06/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/05/2015

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, Minnesota

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 47 year old male, who sustained an industrial injury on 2/11/2014. He has reported pain and currently reported pain in the low back radiating to the left leg along with pain in the bilateral hands, fingers, wrists, neck, shoulders, elbows, bilateral knees and bilateral ankles. The diagnoses have included lumbar surgery x2 with residual left leg radiculopathy, cervical sprain/strain, bilateral shoulder sprain/strain, bilateral elbow sprain, bilateral wrist sprain, bilateral knee sprain/strain and bilateral ankle sprain. Treatment to date has included physical therapy, epidural steroid injections, and 2 spinal surgeries. On 12/26/2014 Utilization Review non-certified Chiropractic 2x4 to neck, bilateral wrist and bilateral elbows, noting the MTUS Chronic Pain Treatment Guidelines, Manual therapy and manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2x4 for the bilateral wrists, bilateral elbows and neck: 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 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, Manipulation of the low back/ neck is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total up to 18 visits over 6-8 weeks. The doctors request of Chiropractic manipulation 2 times per week for 4 weeks to the neck is not according to the above guidelines and therefore the treatment is not medically necessary. Also chiropractic manipulation to the wrists and elbows is not recommended according to the above guidelines and therefore the treatment is not medically necessary.