

Case Number:	CM15-0106286		
Date Assigned:	06/10/2015	Date of Injury:	09/27/2013
Decision Date:	07/17/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/02/2015

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

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:

This 61 year old man sustained an industrial injury on 9/27/2013. The mechanism of injury is not detailed. Evaluations include an undated electromyogram of the bilateral upper extremities. Diagnoses include cervical musculoligamentous sprain/strain, cervical spine myospasm, lumbago, lumbar spine compression fracture, resolved left knee arthralgia, bilateral peripheral neuropathy, and bilateral carpal tunnel syndrome. Treatment has included oral medications and TENS unit at home. Physician notes dated 5/6/2015 show complaints of neck pain rated 6/10 with numbness and tingling in the hands and low back pain rated 6-7/10 with numbness and tingling in the bilateral lower extremities. Recommendations include physiotherapy, acupuncture therapy, orthopedic surgery/hand specialist consultation, spine surgery consultation, TENS/multi-Stim/Interferential unit therapy, hot/cold pack wrap, Ibuprofen, Prilosec, and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for cervical spine, once weekly for 6 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 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 Page(s): 58-59.

Decision rationale: The claimant presented with chronic pain in the neck, back, left knee, and bilateral carpal tunnel syndromes. Current progress report dated 05/06/2015 revealed pain in the cervical 6/10, however, there are no objective findings, no functional deficit of the cervical spine noted. Based on the guidelines cited, while there is no expected positive objective measurable gains in functional improvement, the request for 6 chiropractic treatments for the cervical spine is not medically necessary.