

Case Number:	CM15-0131545		
Date Assigned:	07/17/2015	Date of Injury:	10/16/2007
Decision Date:	08/14/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/07/2015

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 67-year-old female who sustained an industrial injury on 10/16/2007 resulting in pain in her neck, upper and lower back, and bilateral wrists; impaired range of motion; and, bilateral wrist weakness. She was diagnosed with lumbar sprain; thoracic neuritis; cervical spine strain-sprain; degeneration of cervical intervertebral disc; right carpal tunnel syndrome; and, bilateral tenosynovitis of the wrists. Treatment has included analgesics and Lidoderm patches, bilateral wrist braces helping to reduce wrist pain; acupuncture with some reported improvement; epidural steroid injections; chiropractic visits with no documented results; and, physical therapy with no documented results. The injured worker continues to present with intermittent radiating neck and low back pain, reduced range of motion, and bilateral wrist pain. The treating physician's plan of care includes 8 chiropractic treatments for the cervical and lumbar spine, and bilateral wrists. Working status is not provided in recent documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic treatment sessions for the cervical spine, Lumbar spine and bilateral wrists:
 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 Page(s): 58 & 59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (and cervical spine) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The above guidelines do not recommend manipulation to the wrist. The doctor has requested 8 chiropractic treatment sessions over an unknown period of time to the cervical & lumbar spine as well as the bilateral wrists. The requested treatment (8 visits) is not according to the above guidelines (3x2 or 6 visits) and therefore the treatment is not medically necessary and appropriate to the cervical and lumbar spine. As previously stated the above guidelines do not recommend manipulation to the wrist.