

Case Number:	CM15-0144384		
Date Assigned:	08/06/2015	Date of Injury:	03/02/2011
Decision Date:	09/09/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/24/2015

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, Oriental Medicine

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 55-year-old male, who sustained an industrial injury on March 02, 2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar disc herniations with neural foraminal narrowing, lumbar radiculopathy, and cervical disc herniations with stenosis. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, multiple injections to left de Quervain's tenosynovitis, laboratory studies, medication regimen, status post left wrist first dorsal compartment release, magnetic resonance imaging of left hand, magnetic resonance imaging of the right wrist, magnetic resonance imaging of the right hand, magnetic resonance imaging of the cervical spine, physical therapy, and acupuncture. In a progress note dated June 01, 2015 the treating physician reports complaints of continued, constant, aching pain to the neck radiating to the bilateral upper extremities to the hands with numbness and aching pain to the low back with radiating shooting pain to the bilateral legs with the right worse than the left. Examination reveals decreased range of motion to the cervical spine and the lumbar spine, pain with bilateral facet loading to the lumbar and cervical spines, decreased sensation to the left lumbar four and five dermatomes, decreased motor strength to the left upper extremity, mild hyper-reflexive bilateral upper and lower extremities, positive Hoffman's testing bilaterally, and pain with bilateral straight leg raises. The treating physician noted abnormal magnetic resonance imaging of the lumbar spine and the cervical spine from October 31, 2014. The treating physician noted that the injured worker has had no prior chiropractic therapy. The treating physician requested eight sessions of chiropractic therapy to the neck and back to increase the injured worker's function and decrease his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Chiropractic Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

Decision rationale: The MTUS guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal condition. The guideline recommend a trial of 6 visits over 2 weeks and with evidence of objective functional improvement up to 18 visit over 6-8 weeks. There was no evidence of prior chiropractic treatment reported in the submitted medical records. Therefore, it is best to evaluate the provider's request as an initial trial for which the guidelines recommend 6 visits. The provider's request for 8-chiropractic session exceeds the guidelines recommendation and therefore it is not medically necessary at this time. Six chiropractic sessions is appropriate and reasonable for the patient to demonstrate objective functional improvement.