

Case Number:	CM15-0167006		
Date Assigned:	09/02/2015	Date of Injury:	05/13/2015
Decision Date:	10/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/25/2015

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:

This injured worker is a 57 year old female, who reported an industrial injury on 5-13-2015. Her diagnoses, and or impression, were noted to include cervical spine and thoracolumbar musculoligamentous sprain-strain with spondylosis; bilateral shoulder peri-scapular strain; bilateral elbow medial and lateral epicondylitis; bilateral wrist-forearm tendinitis; and non-orthopedic complaints of stress, anxiety, and sleep difficulties. No current imaging studies were noted. Her treatments were noted to include diagnostic x-rays; medication management; and modified work duties. The progress notes of 7-30-2015 reported neck pain, mid and low back pain, bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain that radiated to her fingers, headaches, ringing in her ears, and psychiatric complaints. Objective findings were noted to include: a forward head carriage with tenderness and hypertonicity over the bilateral cervical para-spinal musculature; spasm with hypertonicity over the bilateral upper trapezius muscles; painful Spurling's maneuver; decreased cervical range-of-motion; tenderness over the inter-scapular muscles and bilateral para-spinal musculature; difficulty with transferring on and off the examination table for assessment of thoracolumbar range-of-motion, which was limited; tenderness over the peri-scapular musculature; and decreased bilateral shoulder range-of-motion. The physician's requests for treatments were noted to include chiropractic treatments to increase range-of-motion, decrease pain and spasms, and reduce work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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 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 amount of previous visits (if any) for this flare-up was not documented. This appears to be an initial request for treatment for a flare-up to an unknown area of the patient's body as there are multiple areas of injury. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate. (If this was asking for additional treatment, the doctor needed to give the amount of treatment previously given and how the patient responded using objective functional improvement.)