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| Case Number: | CM15-0189546 | | |
| Date Assigned: | 10/01/2015 | Date of Injury: | 07/16/2009 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 09/01/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

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

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 31 year old female with an industrial injury dated 07-16-2009. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine disc bulge, lumbar spine disc rupture, right shoulder pain, left shoulder strain, right elbow strain, left elbow internal derangement, status post right carpal tunnel syndrome surgery, left carpal tunnel syndrome and other problems related to current evaluation. Some documents within the submitted medical records are difficult to decipher. In a progress report dated 07-01-2015, the injured worker reported pain in the low back radiating to the right leg. The injured worker also reported pain in the neck, bilateral shoulder and arm and bilateral wrist and hand. Physical exam (07-01-2015) revealed tenderness of lumbar spine paraspinals, painful range of motion of the lumbar spine, and intact sensation of the right anterior thigh, right lateral calf and ankle. According to the progress note dated 07-14-2015, the injured worker reported neck and low back pain, leg numbness and difficulty with activities of daily living. Objective findings (07-14-2015) revealed lumbar spine tenderness, straight leg raises, decrease sensation, right greater than left, and cervical spine tenderness with spasms. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. Medical records did not indicate any previous chiropractic treatment. The treating physician prescribed services for chiropractic 2x6 cervical, lumbar, bilateral wrist, and bilateral shoulders. The utilization review dated 09-01-2015, non-certified the request for chiropractic 2x6 cervical, lumbar, bilateral wrist, and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x6 Cervical, Lumbar, Bilateral Wrist, Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach, Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant presented with chronic pain in the neck, low back, bilateral wrists, and bilateral shoulders. Previous treatments include medications, right carpal tunnel syndrome surgery, physical therapy, and exercises. Reviewed of the available medical records showed no prior chiropractic treatments. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits for the spine, chiropractic treatment for the wrist and carpal tunnel syndrome is not recommended. In addition, chiropractic treatment only recommended for frozen shoulder per MTUS guidelines. Therefore, the request for 12 chiropractic visits is not medically necessary.