

Case Number:	CM15-0189741		
Date Assigned:	10/01/2015	Date of Injury:	07/23/2015
Decision Date:	11/10/2015	UR Denial Date:	09/17/2015
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: Chiropractic

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 50 year old male, who sustained an industrial injury on 7-23-15. The injured worker was diagnosed as having right elbow contusion, right wrist contusion, lumbar spine strain-sprain with radicular complaints. Treatment to date has included medications. Currently, the PR-2 notes dated 8-27-15 indicated the injured worker complains of right elbow, right wrist and lower back pain. The injured worker complains of intermittent moderate pain in the right elbow and right wrist aggravated by bending them and general movements. He complains of intermittent moderate pain in the lower back with radiation to both thighs. His current medications are listed as: Ibuprofen 800mg, Cyclobenzaprine 7.5mg, Ondansetron and Oxycodone. The provider notes he has no surgical history but has a history of hypertension. On physical examination, the provider documents: There is normal tone without tenderness or muscle spasm, no trigger points, no guarding on examination. The Cervical Compression Test is negative. Examination of the patient's shoulder reveals no asymmetry of the shoulder joints or gross atrophy of the musculature of the shoulder joints. There is no redness, warmth, or swelling of the shoulder. There is no discoloration of the skin of the upper extremities. There is no winging of the scapula. There is no tenderness and or muscle spasm noted. Range of motion and testing were all normal. A right elbow examination reveals no redness, warmth, swelling or change of skin color. There is no swelling, ecchymosis or deformity. There is tenderness to palpation at the olecranon process. The Tennis Elbow Test is negative. The Tinel sign is negative at the cubital tunnel. The right wrist-hand examination reveals no redness, warmth, swelling or change of skin color. There is tenderness to palpation along the right wrist DRUJ (distal radio ulnar joint) and radial styloid. There is no crepitus. Testing and ranges of motion

are all normal. The lumbosacral spine reveals the pelvis is level. There is no loss of normal lumbar lordosis. There is increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoraco-lumbar junction and over the level of L5-S1 facets and right greater sciatic notch. There are muscle spasms. Ranges of motion are somewhat decreased with negative straight leg raise test bilaterally. Patrick Fabere's test and sciatic tenderness is positive. Trendelenburg sign, Lasegue's and Braggard's tests are negative. The patient ambulates normally and without a limp. Heel-toe tests are within normal limits. The patient is able to squat fully." The provider's treatment plan is requesting a Lumbar Spine MRI and chiropractic treatment. The injured worker recently had a CT of the abdomen and pelvis for abdominal pain and nausea and vomiting since his injury. No other diagnostics or treatments are noted. A Request for Authorization is dated 9-25-15. A Utilization Review letter is dated 9-17-15 and modified the certification was for chiropractic treatment 2 times per week for 4 weeks to authorize a trial of 6 visits at 2 times a week for 3 weeks. A request for authorization has been received for chiropractic treatment 2 times per week for 4 weeks to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 times per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Manipulation.

Decision rationale: The patient has not received chiropractic care for his lumbar spine injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter recommend an initial trial of 6 sessions of chiropractic care over 2 weeks. Additional sessions are recommended with evidence of objective functional improvement. The PTP is requesting an initial trial of 8 sessions. The UR department has reviewed the request and approved an initial trial of 6 sessions. I find that the 8 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.