

Case Number:	CM15-0192950		
Date Assigned:	10/02/2015	Date of Injury:	10/25/2011
Decision Date:	11/10/2015	UR Denial Date:	09/09/2015
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 56 year old female, who sustained an industrial injury on 10-25-11. She reported low back pain. The injured worker was diagnosed as having cervical spine disc bulge, thoracic spine disc bulge, lumbar spine disc bulge, bilateral wrist internal derangement, and bilateral hand strain. Treatment to date has included physical therapy, use of a back brace, injections, and medication including Tylenol #3, Methotrexate, and Humara. Physical exam findings on 4-27-15 included decreased range of motion to bilateral wrists, negative Tinel's sign bilaterally, and negative Phalen's sign bilaterally. On 8-19-15, the injured worker complained of pain in the neck, upper back, lower back, and bilateral wrists and hands. The treating physician requested authorization for chiropractic treatment 2x6 for the cervical spine, thoracic spine, lumbar spine, and bilateral wrists. On 9-9-15, the utilization review physician modified the request to a trial of chiropractic treatment 3x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, twice a week for six weeks, for the cervical spine, thoracic spine, lumbar spine, and bilateral Wrist: Upheld

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

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) Neck & Upper Back, Low Back, Wrist, Forearm and Hand/Manipulation.

Decision rationale: The patient has not received chiropractic care for her cervical, thoracic, lumbar spine and wrist injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter recommend an initial trial of chiropractic care, 6 sessions over 2 weeks. The ODG Neck & Upper Back chapter recommends an initial trial of 6 sessions of chiropractic care over 2 weeks. The MTUS and ODG do not recommend manipulation for the wrists. The UR department has reviewed the request for 12 sessions and approved an initial trial of 6 sessions. I find that the 12 sessions of chiropractic care requested to the cervical, thoracic, lumbar spine and wrists not medically necessary and appropriate.