

Case Number:	CM15-0198356		
Date Assigned:	10/13/2015	Date of Injury:	08/14/2015
Decision Date:	11/20/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/08/2015

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:

The injured worker is a 29 year old male who sustained an industrial injury 08-14-15. A review of the medical records reveals the injured worker is undergoing treatment for lumbar spine sprain-strain, and bilateral 5th digit sprain and strain. Medical records (08-10-15) reveal the injured worker complains of low back a pain, right leg, right shoulder, right arm, left forearm, and bilateral 5th digit pain, as well as intermittent eye irritation. The pain is not rated. The physical exam (08-10-15) reveals "moderate" Tenderness to palpation of the lumbar spine, paraspinal musculature, bilateral 5th digits, bilateral arms, as well as restricted range of motion. Prior treatment includes chiropractic care, acupuncture, and exercises. The original utilization review (09-15-15) non certified the request for 12 chiropractic sessions to the lumbar spine and bilateral hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x week x 6 weeks for the lumbar spine, bilateral hand: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods, and Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Manipulation; Therapeutic care.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

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. According to the above guidelines manipulation of the hands is not recommended. The doctor has requested Chiropractic 2 times per week for 6 weeks or 12 visits for the lumbar spine and bilateral hand. The request for treatment (12 visits) to the lumbar spine is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate. The guidelines above do not recommend manipulation of the hands and therefore the treatment is not medically necessary and appropriate.