

Case Number:	CM15-0200156		
Date Assigned:	10/15/2015	Date of Injury:	02/10/2015
Decision Date:	12/01/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/12/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34 year old male, who sustained an industrial injury on 2-10-2015. The medical records indicate that the injured worker is undergoing treatment for cervical degenerative disc disease, headaches, lumbosacral joint-ligament sprain-strain, thoracic sprain-strain, and right rib pain. According to the progress report dated 9-22-2015, the injured worker presented with complaints of continued neck pain with radiation into right upper extremity, associated with numbness and occasional twitching. In addition, he reports occasional headaches, nausea, vomiting, right anterior rib pain, mid back pain, and low back pain with radiation to the right lower extremity, associated with numbness. On a subjective pain scale, he rates his pain 6 out of 10. The physical examination of the cervical and lumbar spine reveals decreased range of motion and tenderness to palpation over the paraspinal muscles. There is diffuse, mild, tenderness in the right anterior rib and decreased sensation in the right upper extremity. The current medications are Naproxen, Omeprazole, Gabapentin, Lunesta, Cyclobenzaprine, and Lidopro ointment. Previous diagnostic studies include x-rays and MRI studies. Treatments to date include medication management, chiropractic (helping), and TENS unit (mildly helpful). Work status is described as modified duty. The original utilization review (10-7-2015) had non-certified a request for 12 additional chiro-physiotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiro/PT 2x6: Upheld

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

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

Decision rationale: The medical records indicate the patient complains of pain in the cervical spine with radiation of pain and numbness into the left deltoid, left elbow, left wrist/hand, and left distal digits. The claimant also complains of thoracic spine pain radiating to the right rib and lumbosacral pain with pain and numbness radiating to the right anterior and posterior thigh. The current request is for additional chiropractic physical medicine 2x6. The attending physician report dated 9/22/15, page (97b), recommends continuation of chiropractic therapy as it is "mildly helpful." The CA MTUS does recommend manual therapy and manipulation for musculoskeletal pain. The time to produce effect is 4-6 visits. Treatment beyond this time frame requires documentation of objective functional improvement. In this case, the number of chiropractic sessions to date is unclear, and there is no evidence of improved functional benefit. The current request is inconsistent with MTUS guidelines and the request is not medically necessary. Chiropractic services have been provided since at least June of 2015. The available medical records provided do not establish medical necessity for continued chiropractic as documentation of improved functional benefit is not provided.