

Case Number:	CM15-0200671		
Date Assigned:	10/15/2015	Date of Injury:	12/26/2014
Decision Date:	11/24/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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 38-year-old female, with a reported date of injury of 12-16-2014. The diagnoses include cervical herniated nucleus pulposus and right wrist carpal tunnel syndrome. Treatments and evaluation to date have included Soma. The diagnostic studies to date have included electrodiagnostic studies on 07-23-2015 which showed bilateral median neuropathy at the wrist, moderate to severe on the right, and mild on the left. The progress report dated 08-18-2015 is handwritten. The report indicates that the injured worker had continued pain. It was noted that she was unable to complete the MRI scan due to claustrophobia. She had relief with Soma. The objective findings include positive trapezius and rhomboid spasm, positive Tinel's and Phalen's test of the right wrist, decreased right grip strength, increased pain with range of motion of the cervical spine, positive Spurling's, and decreased cervical range of motion. The treatment plan included chiropractic treatment and massage. The injured worker has been instructed to remain off work until the next appointment. The request for authorization was dated 08-25-2015. The treating physician requested chiropractic treatment two times a week for six weeks for the cervical spine and right wrist. On 09-15-2015, Utilization Review (UR) non-certified the request for chiropractic treatment two times a week for six weeks for the cervical spine and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times per week for 6 weeks to cervical spine and right wrist: Upheld

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

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 (and neck) 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 guidelines above, manipulation of the wrist is not recommended. The doctor has requested Chiropractic 2 times per week for 6 weeks or 12 visits to the cervical spine and right wrist. The request for treatment (12 visits) to the cervical spine is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate. Manipulation to the wrist is not recommended and therefore the treatment is not medically necessary and appropriate.