

Case Number:	CM15-0202983		
Date Assigned:	10/19/2015	Date of Injury:	03/05/2014
Decision Date:	12/01/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/15/2015

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 female, who sustained an industrial injury on 3-5-2014. The injured worker is undergoing treatment for cervicgia, cervical radiculopathy, costovertebral and thoracic segmental dysfunction, bilateral epicondylitis and bilateral extensor tendinitis of hands. Medical records dated 9-10-2015 indicate the injured worker "has experienced improvement of her neck, upper back pain. While the bilateral arm pain continues the elbow, wrist and ribcage pain is markedly reduced." Physical exam dated 9-10-2015 notes decreased cervical, dorsal and trapezius muscles, decreased cervical range of motion (ROM), hypoesthesia of C7 dermatome and positive Soto Hall test and positive shoulder depressor bilaterally. The treating physician on 9-14-2015 review of elbow magnetic resonance imaging (MRI) on 5-27-2015 indicates very subtle medial epicondylitis of the left elbow and 6-3-2015 electromyogram reveals bilateral cervical denervation. Treatment to date has included medication, chiropractic treatment, ice and home exercise program (HEP). The treating physician on 9-10-2015 indicates prior chiropractic treatment "has resulted in a functional restoration of approximately 80% of the functional deficit reported from the 7-27-2015 exam." The original utilization review dated 9-16-2015 indicates the request for chiropractic treatment (examination, manipulation, mechanical traction, myofascial release) #8 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment (examination, manipulation, mechanical traction, myofascial release) Qty 8: 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. The doctor has requested 8 chiropractic treatments over an unspecified period of time and body parts to include an examination, manipulation, mechanical traction and myofascial release. The requested treatment (8 visits) to the neck and back is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate. Manipulation to the elbow and wrist is not recommended according to the above guidelines. Also the doctor has not documented objective functional improvement from prior chiropractic treatment.