

Case Number:	CM15-0204735		
Date Assigned:	10/21/2015	Date of Injury:	02/14/2014
Decision Date:	12/08/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/19/2015

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 44 year old female, who sustained an industrial injury on 2-14-14. Medical records indicate that the injured worker is undergoing treatment for left elbow lateral epicondylitis, left elbow sprain-strain, wrist sprain-strain, cervical spine sprain-strain, lumbar sprain-strain and muscle spasm. The injured worker was noted to be working part-time. On (10-7-15) the injured worker complained of severe left elbow pain rated 10 out of 10 on the visual analogue scale. Examination of the left elbow revealed tenderness to palpation over the lateral epicondyle. Range of motion was limited on internal rotation due to pain. A physician's report dated 9-9-15 notes that the injured worker reported left elbow pain, left hand pain, neck pain and low back pain rated 10 out of 10 on the visual analogue scale. The cervical spine examination revealed diffuse tenderness, spasms bilaterally and multiple palpable tender nodules. Range of motion was decreased. Sensation was diminished to light touch in the cervical four through thoracic one dermatomes on the left. Examination of the lumbar spine revealed diffuse tenderness to palpation and slight spasm on the right side of the lumbosacral junction. Range of motion was decreased. A straight leg raise test was negative bilaterally. Treatment and evaluation to date has included medications, occupational therapy and bracing. Current medications include diclofenac, Gabapentin, Tramadol, Lidopro cream and Flexeril. The request for authorization dated 10-7-15 included a request for a trial of chiropractic treatments three times a week for four weeks # 12 for the left wrist, left elbow, cervical spine and lumbar spine. The Utilization Review documentation dated 10-9-15 non-certified the request for a trial chiropractic treatments three times a week for four weeks # 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, and Low Back Complaints 2004, and 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist, Forearm and Hand, Neck and Upper Back, Low Back/Manipulation.

Decision rationale: The patient has not received chiropractic care for her industrial injury in the past. The body parts for which the trial of chiropractic is being requested have not been specified. Therefore, consideration is being given to all body regions injured: Left wrist, left elbow, cervical spine and lumbar spine. The MTUS Chronic Pain Medical Treatment Guidelines recommends manipulation for chronic musculoskeletal conditions. The MTUS does not recommend manipulation for the elbow or wrist. The MTUS and The ODG Neck & Upper Back and Low Back Chapters also recommend an initial trial of 6 sessions of chiropractic care over 2 weeks. The requested 12 sessions far exceed The MTUS recommendations. I find that the 12 initial chiropractic sessions requested to the left wrist, left elbow, cervical spine and lumbar spine to not be medically necessary and appropriate.