

Case Number:	CM15-0206649		
Date Assigned:	10/23/2015	Date of Injury:	08/26/2008
Decision Date:	12/10/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/21/2015

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: 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:

This is a 52 year old male who sustained an industrial injury on 8-26-2008. A review of the medical records indicates that the injured worker is undergoing treatment for myofascial pain, adhesive capsulitis of the shoulder, neck sprain-strain, chronic pain syndrome, lumbosacroiliac sprain-strain, right sacroiliac joint dysfunction and right elbow contusion-laceration-sprain with adhesive capsulitis. According to the progress report dated 9-15-2015, the injured worker complained of pain in his jaw, right shoulder, right wrist, right elbow, neck and bilateral knees. He rated his pain 4-7 out of 10. Objective findings (9-15-2015) revealed diffuse tenderness over the right elbow, along with decreased, painful range of motion. There was tenderness over the right sacroiliac joint. Treatment has included physical therapy, cognitive behavioral therapy, and medications (Lyrica and Relafen on 9-15-2015). The request for authorization was dated 9-17- 2015. The original Utilization Review (UR) (9-24-2015) modified a request for chiropractic treatment for the neck and low back from quantity 6 to quantity 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment for Low Back and Neck QTY: 6: Overturned

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: Based on the 9/15/15 progress report provided by the treating physician, this patient presents with jaw pain, right shoulder/wrist/elbow pain, neck pain, and bilateral knee pain rated 5/10. The treater has asked for chiropractic treatment for low back and neck QTY 6 on 9/15/15. The patient's diagnoses per request for authorization dated 9/17/15 are chronic pain syndrome, myofascial pain, neck s/s, adhesive capsulitis. The patient describes the pain as achy, constant, and worsening with prolonged standing and activity per 9/15/15 report. The patient is s/p right knee ACL reconstruction from 2009 and right wrist hardware removal from 2010 per 8/6/15 report. The patient has worsening pain in the right elbow with stiffness per 8/6/15 report. The patient is currently taking Relafen, Lyrica, Valium, and Prilosec per 9/15/15 report. The patient is currently permanent and stationary per 9/15/15 report. MTUS guidelines, Manual therapy and Manipulation section, pages 58-59, recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. The treater is requesting a trial of chiropractic treatment for the low back and neck, 2x a week for 3 weeks to improve function per 9/15/15 report. Per review of reports, the patient has not had prior chiropractic treatment. Utilization review letter dated 9/24/15 modifies the request from 6 to 4 sessions because there is a lack of documentation of cervical pain. Considering the documentation of both neck and back pain and the lack of prior chiropractic treatment, the request for a trial of 6 chiropractic sessions appears reasonable and in accordance with MTUS guidelines. Therefore, the request is medically necessary.