

Case Number:	CM15-0027428		
Date Assigned:	02/19/2015	Date of Injury:	12/26/2013
Decision Date:	04/15/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/13/2015

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: Pennsylvania, Ohio, 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:

The injured worker is a 42-year-old male who sustained an industrial injury on 12/26/13. The injured worker reported symptoms in the neck, back, hands. The diagnoses included cervical musculoligamentous strain/sprain with radiculitis, rule out cervical spine discogenic disease, thoracic musculoligamentous strain/sprain, lumbosacral musculoligamentous strain/sprain with radiculitis, rule out lumbosacral spine discogenic disease, bilateral wrist carpal tunnel syndrome. Treatments to date include oral pain medications. In a progress note dated 12/15/14 the treating provider reports the injured worker was with "pain in the neck, mid/upper back, and lower back. Also complains of pain and numbness in the bilateral wrists/hands. Rates as 9/10." On 2/5/15 Utilization Review non-certified the request for 12 chiropractic therapy sessions with evaluation for the lumbar spine and bilateral wrists. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic Therapy Sessions with Evaluation for the Lumbar Spine and Bilateral Wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: MTUS recommends up to 6 initial chiropractic visits; this request exceeds this guideline. Additionally MTUS states that manual therapy and manipulation is not recommended for the wrist; the records in this case do not provide an alternate rationale for this request. Therefore, overall this request is not medically necessary.