

Case Number:	CM15-0029630		
Date Assigned:	02/23/2015	Date of Injury:	03/11/2014
Decision Date:	04/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/17/2015

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: 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 52 year old female who sustained an industrial injury on 03/11/2014. Current diagnoses include herniated nucleus propulsus cervical spine, cervical sprain/strain, lumbar sprain/strain, herniated nucleus propulsus lumbar spine, radiculopathy, anterior labral tear, rule out cuff tear, and left shoulder impingement syndrome. Previous treatments included medication management, physical therapy, TENS unit, and activity modification. Report dated 08/21/2014 noted that the injured worker presented with complaints that included sharp neck pain, cramping pain in the mid back with numbness and burning, low back pain with numbness and pins/needles, sharp and aching pain in the bilateral arm with pins/needles, numbness cramping, and stabbing and burning sensation in the bilateral legs. Physical examination was positive for abnormal findings. Utilization review performed on 02/06/2015 non-certified a prescription for chiropractic therapy, 6 sessions for the cervical and lumbar spine, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy, twice weekly for 6 weeks, left wrist, cervical, lumbar QTY: 12:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care, Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care, not medically necessary. Recurrences/flare-ups, Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended Page(s): 58-59.

Decision rationale: The claimant presented with chronic pain in the neck, shoulders, and low back. While evidence based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks for chronic low back pain, it does not recommend chiropractic therapy for the wrist. In this case, the request for 12 chiropractic visits also exceeded the guidelines recommendation. Therefore, without evidences of objective functional improvement with the trial visits, the request for 12 chiropractic therapy for the left wrist, cervical, and lumbar is not medically necessary.