

Case Number:	CM15-0050895		
Date Assigned:	03/24/2015	Date of Injury:	08/16/2011
Decision Date:	05/05/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/17/2015

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, Oriental Medicine

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 56 year old female, who sustained an industrial injury on 8/16/2011. She reported low back symptoms when lifting a 25-30 pound box. The medical records also indicated repetitive injury causing pain to the neck, back, and bilateral upper extremities. Diagnoses include cervical spine disc bulge, thoracic spine disc bulge, lumbar spine strain, right elbow strain, left elbow surgery, right wrist internal derangement, right hand strain, left wrist internal derangement and left hand strain. Treatments to date include rest, medication therapy, steroid injections, and psychotherapy. Currently, they complained of new onset urgency to urinate occurring three times over the previous week, as well as ongoing pain located in the neck, upper and lower back, and bilateral wrists and hands. On 1/28/15, the provider documented decreased sensation to the left lateral shoulder and left small tip. The plan of care included chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x per week x 6 weeks cervical/thoracic/lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

Decision rationale: The MTUS guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. The patient complained of chronic neck, back, and bilateral upper extremity pain. The guideline recommends a trial of 6 visits over 2 weeks and with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. There was no documentation of prior chiropractic care. Therefore, trials of chiropractic sessions are warranted at this time. However, the provider's request for 12 chiropractic visits exceeds the guidelines recommendation for an initial trial. Therefore, the provider's request is inconsistent with the guidelines and not medically necessary at this time.