

Case Number:	CM15-0057245		
Date Assigned:	04/02/2015	Date of Injury:	08/31/2011
Decision Date:	05/08/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/25/2015

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 45 year old male, who sustained an industrial injury on 8/31/2011. He reported a ten foot fall landing on his back with loss of consciousness. He is status post lumbar fusion in 2013 and right carpal tunnel release, De Quervain's release, and ganglion cyst removal, also in 2013. Diagnoses include post-operative lumbago, bilateral lumbar radiculopathy, chronic cervicgia with radiculopathy, and chronic intractable pain syndrome. Treatments to date include medication therapy, physical therapy, and psychotherapy. A lumbar epidural steroid injection provided on 2/20/14 was documented to provider over 50% relief in symptoms. Currently, they complained of neck pain rated 7-8/10 VAS with medication associated with headaches and radiation of symptoms to right shoulder down to the wrist. He also complained of low back pain with radiation to left lower extremity rated 7-8/10 VAS with medication. On 1/30/15, the physical examination documented decreased sensation over C6-C8 dermatome distribution. The lumbar spine was significant for a positive straight leg raise on the left and decreased sensation over the left S1 dermatome. The plan of care included continuation of medication therapy, Radiographical imaging of lumbar spine, and acupuncture and chiropractic therapy for cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy, 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: According to the MTUS Chronic Pain Medical 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." The claimant presented with chronic neck pain that radiated into the right upper extremity. Previous treatments for the neck include medications, physical therapy, and psychotherapy. While evidences based MTUS guidelines recommend a trial of 6 chiropractic treatments over 2 weeks, the request for 6 sessions of chiropractic therapy is appropriate and medically necessary for this claimant clinical exam findings and diagnoses.