

Case Number:	CM15-0086438		
Date Assigned:	05/08/2015	Date of Injury:	11/27/2012
Decision Date:	06/09/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/05/2015

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 35 year old male who sustained an industrial injury on 11/27/2012. Current diagnoses include fracture distal ulnar-closed, cervical sprain/strain-neck, thoracic sprain/strain, lumbar sprain/strain, and lumbosacral radiculitis. Previous treatments included medication management, chiropractic, TENS use, and home exercise. Previous diagnostic studies include an MRI of the cervical spine. Report dated 03/21/2015 noted that the injured worker presented with complaints that included continued neck and low back pain with radiation to the right upper extremity and right lower extremity with numbness, tingling, and burning sensation. Pain level was 6 out of 10 on a visual analog scale (VAS). Currently the injured worker is working full-time. Physical examination was positive for tenderness to palpation in the cervical and lumbar areas. The treatment plan included an MRI of the cervical and lumbar spine, request for chiropractic due to decreased range of motion and muscle weakness, continue medication which includes Naproxen, omeprazole, Lidopro ointment, and consider gabapentin if neuropathic pain worsens, continue home exercise program and TENS unit, and return in 4 weeks. The physician noted that chiropractic has been helpful in the past. Disputed treatments include chiropractic treatment for right arm, cervical spine, thoracic spine, lumbar spine, 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for Right Arm, Cervical Spine, Thoracic Spine, Lumbar Spine, 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: 2009; 9294.2; pages 58/59: manual therapy and manipulation.

Decision rationale: The UR determination of 4/9/15 denied the request for Chiropractic care 6 sessions citing CA MTUS Chronic Treatment Guidelines. The documentation reviewed failed to address any functional goals of requested treatment or any historical evidence of a recent flare or exacerbation leaving the request for initiation of Chiropractic care over 2 years post date of injury contrary to CA MTUS Chronic Treatment Guidelines. The medical necessity of requested 6 sessions of Chiropractic care was not provided in the medical documents reviewed or comply with treatment prerequisites of the CA MTUS Chronic Treatment Guidelines. The request is not medically necessary.