

Case Number:	CM15-0086601		
Date Assigned:	05/08/2015	Date of Injury:	09/12/2006
Decision Date:	06/12/2015	UR Denial Date:	04/28/2015
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

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 male, who sustained an industrial injury on 09/12/2006. He reported right elbow, upper back, lower back, and right knee pain after a motor vehicle accident. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having cervical radiculitis, lumbar spondylogenic nerve compression, lumbar spasm of muscle, sacroiliac sprain, thoracic spondylogenic nerve compression, wrist carpal tunnel syndrome, elbow derangement syndrome, elbow crush injury, wrist traumatic arthropathy, headache, shoulder impingement syndrome, and shoulder injury. Treatment and diagnostics to date has included chiropractic treatment, massage, right elbow surgery, and medications. In a progress note dated 12/23/2014, the injured worker presented with complaints of neck, low back, right knee, upper back, right wrist, right shoulder, and right elbow pain and that the injured areas have much less pain since the last treatment. The treating physician reported requesting authorization for one retrospective chiropractic visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 12/23/2014) 1 Chiropractic visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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 Page(s): 58-59.

Decision rationale: The claimant presented with chronic pain in the neck, low back, right knee, and right upper extremity. Reviewed of the available medical records showed the claimant has had chiropractic treatment once a month and has completed 9 visits in 2014. Regular and monthly visits appear to be maintenance in nature. Current evidences based MTUS guidelines do not recommend maintenance care. Therefore, the request for chiropractic visit on 12/23/2014 is not medically necessary.