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| Case Number: | CM14-0153302 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 05/16/2014 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 09/10/2014 |
| Priority: | Standard | Application Received: | 09/19/2014 |

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. The expert reviewer is a licensed Chiropractor, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 51 year old male patient with complains of low back pain, wrist pain, neck pain, and knee pain, date of injury is 05/16/2014. Previous treatments include medications, home stretches, and physical therapy. Progress report dated 08/28/2014 by the treating doctor revealed the patient with cervical radiculopathy and lumbar strain, he has been attending physical therapy with some help, but he still having persistent neck pain with radicular symptoms. Physical exam noted patient is having pain to his neck, which is centered adjacent to C6 mostly on the left side, pain into the shoulder blade area and down the lateral aspect of the arm. Diagnoses include cervical radiculitis, lumbosacral strain, cervical strain and lumbar contusion. The patient returned to modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of chiropractic treatment for the right knee, left wrist, lumbar, and cervical spine: Upheld

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

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

Decision rationale: The patient presents with multiple body parts injury that is currently being treated with medications and physical therapy. Although it may be reasonable to start a trial of chiropractic for his neck and low back pain; CA MTUS guideline, however, do not recommend chiropractic treatment for knee and wrist pain. Therefore, the request for 8 chiropractic treatment for the right knee, left wrist, lumbar and cervical spine is not medically necessary.