

Case Number:	CM14-0180917		
Date Assigned:	11/06/2014	Date of Injury:	04/08/2013
Decision Date:	12/09/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/31/2014

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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 34 year old male with an injury date on 04/08/2013. Based on the 09/25/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervical disk syndrome; 2. Lumbar disk syndrome; 3. Cervical sprain/strain; 4. Thoracic sprain/strain; 5. Lumbar sprain/strain; 6. Radicular neuralgia; 7. Headaches; 8. Wrist sprain/strain; 9. Knee sprain/strain. Also, the patient has signs of stress, sleep disorder, and gastrointestinal pain. According to this report, the patient complains of "neck and upper back pain, with numbness, tingling and weakness in the left hand" and "having less lower back pain, with less pain going to left buttock and left leg." Physical exam reveals slight restriction of range of motion in the cervical and lumbar spine with pain. There was tenderness and muscles spasm, myofascial pain, and trigger points. Lasegue test and Kemp test are positive. There were no other significant findings noted on this report. The utilization review denied the request on 04/08/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 01/16/2014 to 09/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

4-6 Chiropractic treatments to the 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 Manual therapy & manipulation Page(s): 58 and 59.

Decision rationale: According to the 09/25/2014 report by [REDACTED] this patient presents with "neck and upper back pain, with numbness, tingling and weakness in the left hand" and "having less lower back pain, with less pain going to left buttock and left leg." The treating physician is requesting 4-6 chiropractic treatments to the lumbar and cervical spine. The utilization review denial letter states the patient has had a total of 18 chiropractic treatments from 04/18/2013 to 07/17/2014. Regarding chiropractic manipulation, MTUS recommends it as an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/ flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In this case, UR alludes that the patient has had 18 sessions of chiropractic care in the past. However, if the patient has a recurrences/ flare-ups of symptoms, a short course of therapy of 1 to 2 visits every 4 to 6 months may be reasonable but there is no such discussion. MTUS page 8 requires that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. Recommendation is that the request is not medically necessary.