

Case Number:	CM14-0092947		
Date Assigned:	09/10/2014	Date of Injury:	04/04/2013
Decision Date:	10/07/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/19/2014

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 Board Certified in Occupational Medicine 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:

Patient is a 37 year-old female with date of injury 04/04/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 01/27/2014, lists subjective complaints as low back pain with radicular symptoms to the lower extremities, right elbow pain, and right hand pain. Objective findings: Thoracic spine: tenderness and spasm upon palpation of the thoracic musculature and decreased range of motion. Lumbar spine: tenderness and spasm of the lumbar musculature and decreased range of motion. Upper extremities: tenderness upon palpation of the right elbow and right hand with decreased range of motion of right elbow and right hand. Diagnosis: 1. Lumbar radiculopathy 2. Lumbar strain/sprain 3. Lateral Epicondylitis, right 4. Elbow strain/sprain 5. Thoracic strain/sprain 6. Hand sprain/strain 7. Insomnia. The records indicate the patient has completed 10 sessions of chiropractic care to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic therapy sessions for the lumbar 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 9792.20 - 9792.26, Page(s): 58-60.

Decision rationale: The request is for 8 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allows for an initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The request for 8 chiropractic visits is more than what is medically necessary to establish whether the treatment is effective.