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| Case Number: | CM14-0218463 | | |
| Date Assigned: | 01/08/2015 | Date of Injury: | 10/09/2013 |
| Decision Date: | 03/09/2015 | UR Denial Date: | 12/18/2014 |
| Priority: | Standard | Application Received: | 12/30/2014 |

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. 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 thirty-seven year old female who sustained a work-related injury on October 9, 2013. A request for eight chiropractic therapy sessions for the cervical and lumbar spine was non-certified by Utilization Review (UR) on December 22, 2014. The UR physician utilized the California ACOEM guidelines in the determination. The UR physician determined that according to the California ACOEM guidelines, comfort is often the patient's first concern with complaints of the upper back and neck. The UR physician noted that nonprescription analgesics will provide sufficient pain relief for most patients with acute and subacute symptoms. Cervical manipulation is noted not to have been studied in the worker's compensation population. Upon review of the documentation, the UR physician determined that the documentation did not provide evidence of significant objective functional limitations and documented evidence of cervical manipulation studies in the worker's compensation population, the UR physician found that the request was not supported. A request for Independent Medical Review (IMR) was initiated on December 22, 2014. The documentation submitted for IMR included physician's reports from July 3, 2014 through November 7, 2014. The physician noted that she sustained injuries to her right upper extremity, right shoulder tendinitis, chronic right elbow tendinitis, symptomatic lumbar disc disease with RIGHT lower extremity radiculopathy and RIGHT wrist tendinitis. The evaluating physician noted on November 7, 2014 that the injured worker had a current complaint of constant posterior and RIGHT-sided neck pain which radiated to the medial border of the RIGHT scapular area. There is no pain radiating down the RIGHT upper limb from her neck. She complained of come-and-go pain in the RIGHT shoulder

better at rest and worse with movement. She had full motion of her RIGHT shoulder. She complained of come and go pain in both the medial and lateral sides of the RIGHT elbow and pain in her RIGHT wrist as well. She has constant lower back pain and trembling sensations in the RIGHT buttock area. She had weakness in the RIGHT lower limb. The evaluating physician notes that she received conservative treatment for her injuries including medicine and physical therapy. Her condition was defined as permanent and stationary six months after it occurred. Her work status was defined as modified work duties and not in need for further restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy x 8 sessions for the cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely.

Decision rationale: The claimant presented with persistent neck and low back pain despite previous treatments with medications and physical therapy. There is no records of previous chiropractic treatments, and a trial of 6 chiropractic visits over 2 weeks might be recommended by MTUS guidelines. However, the request for 8 chiropractic sessions exceeded the guidelines recommendation. Therefore, without first demonstrating functional improvements with the 6 trial visits, the request for 8 sessions is not medically necessary.