

Case Number:	CM15-0010530		
Date Assigned:	01/28/2015	Date of Injury:	08/22/2014
Decision Date:	03/19/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/20/2015

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 35 year old female, who sustained an industrial injury on August 22, 2014. The diagnoses have included cervical radiculitis, cervicgia/neck pain, tension headache, lumbosacral or thoracic neuritis or radiculitis; brachialis tear, and elbow osteoarthritis. Treatment to date has included physical therapy, medications, work modifications, MRIs of the left elbow, cervical spine, and lumbar spine. Currently, the injured worker complains of continuing, constant neck and low back pain with intermittent numbness of her left hand, especially at night, and numbness of her left leg. She complains of left elbow pain when carrying a two year old and due to repetitive use of the arm at work. Current medications include a muscle relaxant, anti-epilepsy, and a proton pump inhibitor. The physical exam revealed tenderness to palpation of the olecranon and antecubital fossa of the left elbow without range of motion deficit. There was pain with resisted elbow flexion and extension. The treatment plan includes to continue her medications, TENS (transcutaneous electrical nerve stimulation) as needed, and chiropractic. On January 6, 2015 Utilization Review non-certified a prescription for an additional 12 visits of chiropractic therapy for the cervical/lumbar spine, citing the California Medical Treatment Utilization Schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment:12 sessions (cervical/lumbar spine): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 eff.

Decision rationale: The Claimant presented with ongoing neck and low back pain despite previous treatments with medications, physical therapy, and exercises. There is no document of prior chiropractic treatments. Although MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 week, with evidences of objective functional improvement, total up to 18 visits over 6-8 weeks, the request for 12 visits exceeded the guidelines recommendation. Therefore, without first demonstrating functional improvement with the trial visits, the request for 12 treatments is not medically necessary.