

Case Number:	CM15-0016251		
Date Assigned:	02/04/2015	Date of Injury:	07/17/2007
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/28/2015

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: New Jersey

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 52-year-old male who reported an injury on 07/17/2007. The mechanism of injury was not specifically stated. The current diagnoses include lumbar sprain, right wrist sprain, lumbosacral neuritis or radiculitis, and myalgia/myositis. The injured worker presented on 01/05/2015 with complaints of right wrist pain. The injured worker also reported radiating pain and numbness in the right distal digits. Lumbosacral pain with radiation into the bilateral lower extremities was also reported. Upon examination of the lumbar spine, there was decreased range of motion in all planes. Examination of the wrist revealed normal range of motion. There was positive Lasgue's testing on the right at 52 degrees and on the left at 64 degrees. There was positive Kemp's test bilaterally. There was positive Milgram's test and positive Valsalva test with pain. Muscle testing revealed 5/5 motor strength bilaterally. Pinwheel examination revealed right sided hypoesthesia at the L3 dermatome. Recommendations included 6 chiropractic therapy sessions. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1xWk x 6 Wks for the low back, right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

Decision rationale: California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. With evidence of objective functional improvement, additional treatment may be supported. According to the documentation provided, the injured worker has been previously treated with chiropractic therapy. There was no documentation of objective functional improvement following the initial course of treatment. Additionally, the California MTUS Guidelines do not recommend manual therapy and manipulation for the forearm, wrist, or hand. Therefore, the current request is not medically appropriate at this time.