

Case Number:	CM15-0018644		
Date Assigned:	02/06/2015	Date of Injury:	03/04/2013
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/02/2015

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 (IW) is a 38 year old female who sustained an industrial injury on 03/04/2013. She has reported pain in the right elbow, back, right shoulder and left wrist. According to the Utilization Review report of 01/22/2014, the injured worker in an exam of 12/29/2014 complained of pain in the left wrist and numbness/tingling in the left digits 3-5. Diagnoses include status post -acute industrial injury 03/04/2013, right elbow contusion, right shoulder sprain/strain, acute mild lumbosacral sprain/strain. Treatments to date include aspiration/injections in the left wrist, physical therapy to the right shoulder, acupuncture and medications. In a progress note dated 12/29/2014 the treating provider reports tenderness in the left wrist with a cystic lesion in the dorsum of the left wrist. There was a mildly positive Phalen's noted. Pinwheel sensation was intact in the digits. The lumbar spine exam revealed decreased range of motion. Neurologic and motor strength and movement was within normal limits. The plan was for chiropractic care for the lumbar spine and EMG/NCV (electromyogram/nerve conduction velocity) tests of the left and right upper extremities. The progress note from 12/29/2014 and the request for authorization on that date are not found in the medical records presented for review. In 01/22/2015 Utilization Review modified a request for Chiropractic Treatment (Lumbar) to Chiropractic treatment #2 to allow for functional improvement and/or decrease in pain and re-education in a prescribed self-administered program of assessment and compliance, noting the chiropractic guideline criteria have partially been met. She is noted to have a flare-up of low back pain. She has had previous Chiropractic sessions for flare up. Chiropractic care would be indicated at a modified number to allow for functional

improvement and/or decrease in pain and re-education in prescribed self-administered program and assessment of compliance. The MTUS Chronic Pain Guidelines Chiropractic Treatment was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment (Lumbar): Upheld

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

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 persistence low back pain that recently flare-up with walking, according to progress report dated 12/29/2014. Reviewed of the available medical records show she has had chiropractic treatments previously with positive outcomes. However, the current request for 6 chiropractic visits exceeded MTUS guidelines recommendation of 1-2 visits every 4-6 months for flare-ups. Therefore, it is not medically necessary and appropriate.