

Case Number:	CM15-0123945		
Date Assigned:	07/08/2015	Date of Injury:	05/22/2014
Decision Date:	08/11/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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, Oriental Medicine

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 52-year-old female who sustained an industrial injury on 05/22/2014. Diagnoses include cervical disc protrusion; cervical pain; cervical sprain/strain; thoracic myospasm; thoracic pain; thoracic sprain/strain; lumbar myospasm; lumbar pain; lumbar radiculopathy; lumbar sprain/strain; and bilateral knee sprain/strain. Treatment to date has included medications, massage, heat application, TENS unit and physical therapy. According to the progress notes dated 5/5/15, the IW reported constant severe, achy, throbbing neck pain, mid-back pain and low back pain with radiation to the legs with associated numbness and weakness. On examination, cervical spine range of motion (ROM) was painful and reduced in lateral bending, bilaterally. ROM of the lumbar spine was reduced and painful. Cervical, thoracic and lumbar paravertebral muscles were tender to palpation and spasms were noted. Cervical compression was positive; Kemp's test was positive bilaterally; and straight leg raise in a sitting position was positive bilaterally. Electromyography/nerve conduction velocity (EMG/NCV) studies of the bilateral lower extremities on 1/7/15 and 2/19/15 were consistent with left-sided lumbosacral radiculopathy. A request was made for chiropractic treatment two times a week for four weeks for the cervical, thoracic and lumbar spine to increase range of motion, decrease pain and improve ability to perform activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xwk X 4wks, Cervical Thoracic Lumbar: 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 and manipulation Page(s): 58-60.

Decision rationale: The California Chronic Pain Medical Treatment guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. The guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The reports indicated that the patient was authorized 22 visits for both chiropractic and physical therapy. There was no documentation of functional improvement for the authorized chiropractic visits. Additional chiropractic sessions beyond the 6 initial visits are recommended with documentation of function improvement. Based on the lack of documentation of functional improvement, the providers request for 8 chiropractic session for the cervical, thoracic, and lumbar spine is not medically necessary at this time.