MAXIMUS Federal Services

Case Number:	CM15-0095103		
Date Assigned:	05/21/2015	Date of Injury:	02/06/2014
Decision Date:	06/24/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/18/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 32 year old male, who sustained an industrial injury on 02/06/2014. The injured worker is currently off work due to recent carpal tunnel release surgery on his left hand but was planning to return back to work after 05/15/2015. The injured worker is currently diagnosed as having neck pain, cervical discogenic/facetogenic pain, cervical radiculitis without electromyography/nerve conduction velocity studies evidence of radiculopathy, mild bilateral carpal tunnel syndrome, myalgia, and chronic pain syndrome. Treatment and diagnostics to date has included an unremarkable lumbar spine MRI, cervical spine MRI noted disc protrusion, cervical epidural steroid injection, physical therapy with improvement, heat/ice, injections, and medications. In a progress note dated 04/27/2015, the injured worker presented with complaints of neck and low back pain and states his pain is a little better since undergoing chiropractic treatment. Objective findings include cervical spine, lumbar spine, and wrist tenderness and decreased cervical spine range of motion. The treating physician reported requesting authorization for additional chiropractic treatment manipulation to the neck and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic manipulation neck quantity 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The claimant sustained a work injury in February 2014 and continues to be treated for neck and low back pain. Treatments have included recent chiropractic care. The chiropractic treatment notes were reviewed. After receiving six treatments, there had been only slightly improvement. When seen by the requesting provider, he was having ongoing neck and low back pain. Pain was rated at 6-7/10. Prior to the chiropractic treatments, pain had been rated at 5-6/10. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement. In this case, there is no evidence of significant improvement after the 6 treatments already provided and therefore the additional treatments requested are not medically necessary.

Additional chiropractic manipulation low back quantity 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The claimant sustained a work injury in February 2014 and continues to be treated for neck and low back pain. Treatments have included recent chiropractic care. The chiropractic treatment notes were reviewed. After receiving six treatments, there had been only slightly improvement. When seen by the requesting provider, he was having ongoing neck and low back pain. Pain was rated at 6-7/10. Prior to the chiropractic treatments, pain had been rated at 5-6/10.Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement. In this case, there is no evidence of significant improvement after the 6 treatments already provided and therefore the additional treatments requested are not medically necessary.