

Case Number:	CM15-0098816		
Date Assigned:	06/01/2015	Date of Injury:	03/27/2002
Decision Date:	07/07/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/21/2015

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:

This 64 year old female sustained an industrial injury on 3/27/02. Diagnoses include cervical pain/cervicalgia, pain in wrist and forearm and myofascial pain syndrome. Treatments to date include MRI and x-ray testing and prescription pain medications. The injured worker continues to experience hand pain. Upon examination, tenderness and decreased flexion of the cervical spine was noted. There is tenderness of the left lateral epicondyle and pain with resisted wrist flexion. Right wrist range of motion is decreased with pain. There is tenderness to palpation of the lumbar spine and facet joints. A request for Chiropractic treatment, quantity: 8 sessions was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, quantity: 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, "Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." The claimant presented with chronic neck, right wrist, and low back pain with over 13 years in duration. Reviewed of the available medical records noted prior chiropractic treatments helped, however there are no chiropractic treatment records available. While MTUS guidelines do not recommend chiropractic treatment for the wrist, the request for 8 sessions also exceeded the guidelines recommendation for flare-up of low back pain. Therefore, it is not medically necessary.