

Case Number:	CM15-0099897		
Date Assigned:	06/02/2015	Date of Injury:	12/31/2008
Decision Date:	07/08/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/22/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on 12/31/08. The injured worker was diagnosed as having cervical discopathy with radiculitis, rule out bilateral shoulder impingement, rule out rotator cuff pathology, and lumbar discopathy/hypermobility. Treatment to date has included acupuncture and a home exercise program. Physical examination findings on 3/25/15 included cervical range of motion was limited by pain and tingling and numbness was present into the anterolateral shoulder, arm, lateral forearm, and hand. Lumbar range of motion was guarded and restricted. Tingling and numbness in the lateral thigh, anterolateral leg, and foot was also noted. Currently, the injured worker complains of cervical spine pain with radiation to the upper extremities associated with headaches and tension between the shoulder blades. Low back pain with radiation to the lower extremities and bilateral shoulder pain were also noted. The treating physician requested authorization for chiropractic treatment for the cervical and lumbar spine 2x6 and an ergonomic task chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic cervical and lumbar spine, 2 times a week for 6 weeks: 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 Physical Medicine Manual Therapy and Manipulation Page(s): 98-99, 58.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. Moreover maintenance chiropractic is not recommended. This request is not medically necessary.

Ergonomic task chair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck/Ergonomics.

Decision rationale: ODG discusses that there is only limited evidence to support the science of ergonomics as applied to clinical medicine. That said, the current request does not clearly provide details regarding what type of ergonomic modifications have been requested in this case. Without such additional information, it is not possible to apply a guideline. Thus this request is not medically necessary.