

Case Number:	CM14-0150346		
Date Assigned:	09/18/2014	Date of Injury:	03/18/2013
Decision Date:	11/03/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is licensed in Chiropractor and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 38-year-old male who reported an injury on 03/18/2013 due to unspecified cause of injury. The injured worker complained of lumbar pain and left wrist pain. The diagnoses included acute lumbosacral strain, rule out disc herniation, acute laceration of the left ulnar hand and left wrist with ulnar neuropraxia, left hand arthrofibrosis, right wrist compensatory chronic strain, rule out left wrist and left hand internal derangement. The prior diagnostics included electromyogram/nerve conduction velocity dated 03/26/2014. The physical findings dated 04/22/2014 of the lumbar spine revealed slightly decreased range of motion with flexion at 40 degrees and extension at 10 degrees. There was tenderness to the paraspinals with right greater than left and a positive Kemp's sign bilaterally. Positive straight leg raise on the right at 70 degrees with posterior thigh. Normal strength and sensation, however, 5/5 at the L4, L5, and S1. Deep tendon reflexes were 2+ bilaterally at the patellar and Achilles tendon. Examination of the left wrist revealed a linear 2 cm scar over the ulnar region. Negative for range of motion or functional ability of the left hand. Super sensitivity and tenderness to the whole hand. The medication included Vicoprofen, with a reported pain level of 9/10 without medication and 6/10 with medication to the left wrist and hand. The lower back was an 8/10, persistent. Prior treatment included chiropractic therapy. The current treatment included chiropractic therapy. The Request for Authorization dated 09/18/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Chiropractic Therapy to the lumbar spine ,2x6 weeks: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that chiropractic therapy for chronic pain if caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in the functional improvement that facilitate progression of the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The documentation included the chiropractic therapy notes indicating that the injured worker had already received chiropractic therapy. The documentation was not evident of any special circumstances that warrant additional chiropractic therapy. As such, the request is not medically necessary.