MAXIMUS Federal Services

Case Number:	CM13-0007717		
Date Assigned:	12/04/2013	Date of Injury:	05/10/2012
Decision Date:	01/29/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/07/2013

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 Chiropractic Care, has a subspecialty in Acupuncture 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 patient is a 34-year-old male who reported an injury on 05/10/2012 when he was changing sandpaper in a sanding machine he felt pain in his right neck, right shoulder and lower back. The patient is noted to have treated conservatively with physical therapy, chiropractic treatment and extensive acupuncture. He also had an MRI of the cervical, thoracic and lumbar spine. A clinical note dated 04/22/2013 signed by [redacted] reported the patient continued to complain of pain and limited range of motion although therapy had helped with his pain intensity. The patient was noted at that time to be pending authorization for MRIs of the cervical spine, lumbar spine and shoulder. He was also noted at that time to exhibit difficulty in rising from sitting, but his gait was within normal limits. The patient is noted to have been ambulating with stiffness. The patient is noted to have tenderness of the cervical spine to palpation of the right, left and midline and of the cervicothoracic spine on the right acromioclavicular joint biceps tendon and right superior deltoid. He is noted to have undergone MRIs of the cervical, lumbar and right shoulder on 05/03/2013. The MRI of the cervical spine noted mild straightening of the normal lordotic curve, central disc protrusion at C5-6 indenting the thecal sac and mild narrowing of the left C6-7 neural foramina. MRI of the lumbar spine noted a broad-based posterior lateral disc endplate osteophyte complex at L3-4 encroaching on both subarticular gutters a posterolateral disc endplate osteophyte complex at L4-5 encroaching on both subarticular gutters and a broad-based asymmetrical disc protrusion at L5-S1, which at its maximum on the right side measured about 4 mm and made contact to the S1 nerve root. The MRI of the right shoulder noted a small full thickness tear of the supraspinatus, small minimal subdeltoid effusion and focal area bone marrow within the greater tuberosity of the right humerus. The patient is noted on 05/20/2013 to

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for the cervical spine (2 times per week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation. Page(s): s 58-60.

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

Decision rationale: The patient is noted to have treated previously with extensive physical therapy, acupuncture and a 1 month of chiropractic treatment. He is reported to have improvement of pain with therapy but continued with limited range of motion. The California Chronic Pain Medical Treatment Guidelines recommend continuation of chiropractic therapy when there is documentation of objective functional improvement. The patient is noted to have undergone a month of chiropractic treatment in the past; however, there is no documentation of the patient's response to the chiropractic therapy with documentation of objective functional improvement. The need for additional chiropractic therapy is not established and does not meet guideline recommendations. Based on the above, the requested chiropractic therapy is not medically necessary.