

Case Number:	CM13-0022071		
Date Assigned:	03/19/2014	Date of Injury:	11/29/2010
Decision Date:	05/28/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/26/2013

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 Board Certified in Occupational Medicine and is licensed to practice in California. 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 submitted a claim for shoulder tendinitis, myofasciitis, lumbar spine herniated nucleus pulposus and lumbar spine radiculitis associated with an industrial injury date of November 29, 2010. Treatment to date has included oral and topical analgesics, muscle relaxants, acupuncture, chiropractic therapy, TENS, cervical epidural steroid injections and lumbar medial branch blocks . Medical records from 2013 were reviewed and showed complaints of chronic neck, shoulder and low back accompanied by bilateral lower extremity numbness and incontinence issues. Physical examination revealed positive right shoulder impingement testing, decreased lumbar spine flexion, positive Kemp's test, positive leg raise test on the right and lumbar spine paravertebral tenderness. The patient was diagnosed with shoulder tendinitis, myofasciitis, lumbar spine herniated nucleus pulposus and lumbar spine radiculitis. Utilization review dated July, 8, 2013 denied the request for 6 chiropractic visits because the patient exceeded the guideline recommendation of 18 visits, and medical records failed to show any significant or prolonged improvement in symptomatology or function.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR 6 CHIROPRACTIC VISITS: Upheld

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

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

Decision rationale: As stated on pages 58-59 of Chronic Pain Medical Treatment Guidelines, the intended goal 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. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond this should be documented with objective improvement in function. In this case, the patient has been undergoing chiropractic care prior to April 2011 however the total number of visit was unclear. There was no evidence of objective functional improvements from the treatment sessions based on the medical records provided. In addition, indication for chiropractic therapy was not mentioned. Therefore, the retrospective request for 6 chiropractic visits is not medically necessary and appropriate.