

Case Number:	CM13-0029692		
Date Assigned:	02/03/2014	Date of Injury:	07/31/2002
Decision Date:	06/10/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/25/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 is an employee of [REDACTED] who has filed a claim for low back, mid back, neck and right shoulder pain associated with industrial injury dated July 31, 2002. Treatment to date has included chiropractic manipulation since 2012 until October 23, 2013 with an unknown number of sessions which reported to provide immediate slight improvement in pain and function after each sessions but eventually symptoms recurred. Utilization review dated August 29, 2013 denied the request for chiropractic sessions for twice a week for 6 weeks in the cervical, lumbar, right shoulder and hips. Medical records from 2012 to 2013 were reviewed, the latest of which was a report dated October 23, 2013 which showed that the patient complained of continuous pain on her right shoulder, arm and hand. It is reported that the patient back continues to feel better with less pain and was able to get around and do more household chores. Right shoulder pain was rated 9/10 however 50 % reduction in pain was noted immediately following treatment. Right forearm, right wrist pain scales were rated 9/10. Neck and upper back were rated 5/10, mid back and low back were rated 4/10. Physical examination showed asymmetry, edema, motion palpable fixation, stiffness, subluxation in the right pelvis, bilateral C4,C6,T4-5,T10-11, L2-3,L5 upon palpation of sacrum. Hypertonicity and crepitus were found in cervical, thoracic and lumbar regions. Muscle spasm, restricted motion were found in right forearm, scapula, hand, shoulder, elbow and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2 TIMES A WEEK FOR 6 WEEKS FOR CERVICAL, LUMBAR, RIGHT SHOULDER AND HIPS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, manipulation is recommended for chronic pain caused by musculoskeletal conditions. Manipulation for the low back is recommended primarily as a trial of 6 visits and with evidence of objective functional improvement, a total of up to 18 visits. In this case patient incurred her injury in 2002 and has been receiving chiropractic sessions since 2012. Though patient claimed that there's relief in symptoms after each session there were no long-term evidence of relief as recurrences and flare-ups were reported. Functional gains such as improved ability to perform activities of daily living were not reported. Therefore, the request for chiropractic treatment twice a week for six weeks is not medically necessary and appropriate.