

Case Number:	CM13-0032424		
Date Assigned:	12/11/2013	Date of Injury:	01/28/2008
Decision Date:	02/10/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Chiropractic 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 employee is a 52-year-old female with chronic left shoulder, neck and low back pain. Her date of injury is 01/28/2008. Previous treatments include medication, physical therapy, chiropractic, left shoulder arthroscopy, acupuncture and TENS unit. A progress report dated 09/03/2013 revealed constant left shoulder pain, grinding and clicking, burning in the bicep area, constant neck pain radiating to both shoulders, tightness in the chest area causing difficulty breathing, constant low back pain, and constant burning sensation radiating to the tailbone. It was noted the employee had increased pain with prolonged standing, walking and sitting. Physical examination noted the employee lacked 3 fingerbreaths from touching chin to chest, and presented with extention of 20 degrees, rotation of 60 degrees on the right and 45 degrees on the left, straight leg raising in a sitting position of 75 on the right and 70 on the left with pain to the low back. It was further noted the employee lacked 11" from touching toes and was tender over the posterior superior iliac spine on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Course of 12 chiropractic sessions for the cervical and lumbar spine (1-2 sessions per week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2.

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

Decision rationale: The guidelines recommend chiropractic manipulation for chronic pain if caused by musculoskeletal conditions. According to the guidelines, chiropractic manipulation as therapeutic care for low back pain is an option with a trial of 6 visits over 2 weeks; a total of up to 18 visits over 6-8 weeks may be recommended with evidence of objective functional improvement. In the case of this employee, the request for 12 chiropractic sessions for the cervical and lumbar spine exceeds guidelines recommendations. There is no documentation that the employee has undergone a recent course of chiropractic care with objective functional improvement. The requested number of sessions is greater than the 6-visit trial period that is recommended for low back pain. Therefore, the requested course of 12 chiropractic sessions for the cervical and lumbar spine (1-2 sessions per week for 6 weeks) is not medically necessary and appropriate.