

Case Number:	CM13-0036859		
Date Assigned:	12/13/2013	Date of Injury:	07/25/2006
Decision Date:	02/13/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/22/2013

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 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:

This patient is a 52 year old male with chronic neck and low back pain. His date of injury was 7/25/06. Previous treatments include chiropractic, physical therapy, medications, injections and acupuncture. An 8/22/13 report by [REDACTED] revealed constant neck pain and stiffness; increased activities caused sharp stabbing pains. The pain migrates in to his left upper extremity to the finger with numbness; he has difficulty turning to the left. The patient also has constant left shoulder pain especially with lifting, pushing, pulling or carrying. He has constant, severe lower back pain that radiates into the right upper extremity with numbness and tingling. Any prolonged activities causes burning needle hot pain, and also makes the back pain increase. Prolonged walking or standing causes increased symptoms. His knees will give out on occasion when walking. He also experiences stress, anxiety and depression related to pain. Cervical range of motion decreased with slight to moderate pain, and lumbar range of motion decreased with moderate pain. The patient has bilateral paraspinal muscle and upper trapezius spasm, and Cervical Distraction Test, Maximal Foraminal Compression and Soto Hall, Kemp's test, Milgram's Test and Valsalva test positive bilaterally. His sensory evaluation noted decreased pinwheel on dorsum of left hand, and he had a straight leg raising test positive bilaterally at 60 degrees. Recommended treatments include chiropractic for the lumbar spine twice a week for four weeks, acupuncture treatment twice a week for three weeks, MRI and X-rays of the cervical/lumbar spine, right shoulder and inguinal area, psychological evaluation and treatment, internal medicine evaluation, and orthopedic evaluation for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

eight sessions of chiropractic therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS guidelines recommend chiropractic manipulation for chronic low back pain with a trial of six visits over two weeks. With evidence of objective functional improvement, this could be extended. The request for eight chiropractic treatments over four weeks exceeds the guideline recommendations, and is therefore not medically necessary.