

Case Number:	CM13-0039414		
Date Assigned:	12/18/2013	Date of Injury:	12/03/2009
Decision Date:	02/26/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/28/2013

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 a Chiropractor 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:

According to the available medical records, this is a 68 year old male patient with chronic low back and right shoulder pain, date of injury 12/03/2009. Previous treatments include medications, injection, physical therapy, chiropractic and home exercise program. Progress report dated 08/12/2013 by [REDACTED] revealed continues neck and low back pain, post surgical right shoulder pain especially lifting above shoulder level, flare-up of right shoulder pain, with noticeable cyst at top of AC joint, moderate low back pain with constant radicular symptoms to both legs greater on the right, patient had epidural on 07/13/2013 by [REDACTED] and has requested additional therapy for the low back for flare-up at 2 times per week for 4 weeks; exam noted post surgical scars with decreased ROM and painful, SLR positive at 45 degree with pain midline low back post epidural at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 chiropractic visits (2 times per week for 4 weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS guideline recommended chiropractic treatment as therapeutic for chronic low back pain with a trial of 6 visits over 2 weeks, with evidence of objective functional improvement and time to produce effect is 4 to 6 visits. The request for chiropractic treatment 2 times per week for 4 weeks exceed the number of visit recommended by the guideline and therefore is NOT medically necessary.