

Case Number:	CM13-0040257		
Date Assigned:	12/20/2013	Date of Injury:	04/04/2011
Decision Date:	02/19/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/29/2013

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 has a subspecialty in Acupuncture 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 a 56-year-old male with a date of injury of 04/04/2011. According to the progress report dated 9/18/2013, the patient complained of neck, back and right arm pain rated at 5-6/10. Objective findings include cervical spine paravertebral muscle tenderness, cervical muscle spasms, restricted range of motion, intact sensation, deep tendon reflexes were normal and symmetrical, and motor strength is grossly intact. Bilateral shoulders revealed decrease range of motion in flexion and abduction by 30% with a positive impingement sign. The patient's lumbar spine revealed paravertebral muscle tenderness, muscle spasms, and restricted range of motion, positive straight leg rises bilaterally, and reduced sensation in the bilateral L5 dermatomal distribution. The patient was diagnosed with cervical radiculopathy, lumbar radiculopathy, anxiety reaction, bilateral shoulder impingement syndrome, gastropathy possible secondary to taking pain medications, and chest pain etiology to be determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care: 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 Manual therapy & manipulation Page(s): 58-60.

Decision rationale: According to the MTUS guidelines, chiropractic manipulation is recommended as a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. It is not recommended for elective/maintenance care. The guideline recommends 1-2 visits every 4-6 months if return to work is achieved with re-evaluation of treatment success for patients with a flare up. Records indicate that patient had prior chiropractic care. The supplemental report of 2nd treating physician dated 9/30/2013 noted 6 treatments were rendered over a 3-week period. The cervical and upper back pain and lower back pain was constant and rated at 6/10. The doctor stated that the treatment was geared to decrease muscle spasms and further increase range of motion of the cervical region. The provider stated that the patient did have noticeable improvement that further chiropractic treatment augmented with physical therapy would give further improvement. He also recommended additional 6 visits in the future to further decrease his need for medication as well as decrease his intensity of pain. However, there was no objective functional improvement with chiropractic care. The patient's medication continued to be the same as previous visits and physical examinations remained the same from previous exams. Therefore, the provider's request for additional chiropractic care is not medically necessary at this time.