

Case Number:	CM13-0040350		
Date Assigned:	12/20/2013	Date of Injury:	08/20/2008
Decision Date:	02/13/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic, has a subspecialty in Accupuncture 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 physician 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 62-year-old male with a date of injury of 8/20/2008. According to the progress report dated 8/27/2013, the patient complained of severe flare-up in the low back, neck, and left foot. He rated his pain at 9/10 for the low back, 6/10 for the left shoulder, and 7/10 for his neck and 7/10 for his left foot pain. Cervical spine exam revealed decreased range of motion by 55% on the right and 35% on the left, moderate tenderness and spasms noted on the right SCM and upper trapezius, and negative foraminal compression and Soto Hall Test. Regarding his left shoulder, there was tenderness over the bicipital groove and AC joint, decrease range of motion by 60%, positive Apprehension and Yergason's test, and negative shoulder drop test. His lumbar spine exam revealed spasms over the right bilateral erector spinae and paraspinal, and reduce range of motion by 40%. There was a positive Lasegue test and bilateral straight leg raise that elicited pain with radiculopathy to the right extremity. There was diminished sensation and reflexes over the right lower extremity. The patient was diagnosed with moderate left shoulder sprain with tendonitis, lumbar spine strain/strain with radiculitis/discopathy, moderate left foot sprain, and cervical sprain/strain with fibromyositis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIRO 1 X WK X 4 WKS THEN 1-2 X WK X 2 WKS FOR THE CERVICAL SPINE, LUMBAR SPINE AND THE LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines Chronic Pain Medical Treatment Guidelines Manual therapy & manipulation
Page(s):.

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 the patient had a completed 39 chiropractic treatment visits in 2008, 2 visits in 2009, 12 visits from 10/03/2012-01/11/2013, and 1 visit on 4/16/13. It was noted in the progress report dated 8/27/2013 that the patient had a severe flare up. The guideline recommends 1-2 visit very 4-6 months for patients with a flare up. There was no documentation of functional improvement from chiropractic care. In addition, the provider has requested an additional 6-8 chiropractic sessions, which exceeds the number of visits for patients with flare-ups. Therefore, the provider's request for an additional 6-8 chiropractic sessions for the cervical spine, lumbar spine, and left shoulders are not medically necessary at this time.