

Case Number:	CM13-0044053		
Date Assigned:	12/27/2013	Date of Injury:	03/08/2013
Decision Date:	04/16/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/31/2013

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 Medicine has a subspecialty in 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 64 year old male who sustained injuries to his neck, right shoulder, right upper extremity and upper back and lower back on 3/18/2013 per available records. The mechanism of injury is described by the PTP's Doctor's First Report of Injury as "lifting heavy bags of food from trunk of car." Current complaints as reported by the treating chiropractor are "continued constant cervical, thoracic, lumbar spine and right shoulder pain. Continued frequent shooting pain down his right leg." Patient has been treated with medications, physical therapy, hot/cold packs, cervical pillow and chiropractic care. MRI study of lumbar spine revealed these significant findings: "25% spinal canal stenosis seen at L3-4 level, left extraforaminal tear of the annulus fibrosis, at L4-5 there is a ligamentum flavum hypertrophy and bulging of the annulus fibrosis, and there is 25% spinal canal stenosis." MRI study of the right shoulder was negative for rotator cuff tear with mild supraspinatus tendinosis. Cervical spine MRI provided these findings: "mild progressions of C6-7 degenerative disc disorder and stable left greater than right C6-7 neural foraminal stenosis." EMG study of the upper extremities is unremarkable for cervical radiculopathy and peripheral neuropathy. Diagnoses assigned by the treating chiropractor are rotator cuff syndrome, brachial neuritis/radiculitis, displacement of cervical disc without myelopathy and lumbar disc lesion." The PTP is requesting 8 chiropractic sessions to the neck, upper back, lower back, right upper extremity and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

eight (8) additional Chiropractic Sessions for the Cervical Spine, Lumbar Spine, Right Upper Extremity, Right Shoulder and Thoracic Spine, two (2) times a week for four (4) weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back and Neck Chapters, Manipulation Section; Other Medical Treatment Guideline or Medical Evidence: MTUS Definitions page 1

Decision rationale: The patient has completed 16 chiropractic sessions as of 10/28/2013, per PR-2 report provided in the records. MTUS ODG Neck, Low Back Chapters recommend additional chiropractic care with objective functional improvement. Upon review of the PR-2 reports included in the records it is evident that objective functional improvement with the ongoing chiropractic care rendered is present. The treating chiropractor does state that the patient is having a flare-up and that there has been improvement in the past with care. The improvement is documented in the PR-2 reports provided. MTUS states that objective functional improvement must be present and "measured" in order for additional care to be warranted. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." Given that there has been evidence of objective functional improvement with the chiropractic care rendered and as indicated by MTUS definitions I find that the request for 8 chiropractic sessions to the neck, upper back, lower back, right shoulder and right upper extremity to be medically necessary and appropriate.