

Case Number:	CM13-0050122		
Date Assigned:	12/27/2013	Date of Injury:	09/19/2013
Decision Date:	03/14/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/11/2013

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 Family Practice 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 51-year-old male who reported an injury on 09/19/2013. According to the documentation dated 10/21/2013, the patient presented for chiropractic treatments and associated physiotherapy on 09/25/2013 and a re-examination occurred on 10/21/2013. At that time, the patient had a total of 12 chiropractic visits which noted that the patient had cervical range of motion increase, a lifting capacity increase from 1 to 10 pounds, and the ability to sit and stand increasing 150%.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for 12 chiropractic: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: Regarding the decision for the request for 12 chiropractic visits, according to California MTUS Guidelines, manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, patients are recommended for a trial of 6 visits over 2 weeks with evidence of objective functional improvement, with a total of

up to 18 visits over 6 to 8 weeks. In the case of this patient, he has already been noted to have undergone 12 sessions of chiropractic treatments. Therefore, although he has had noted functional improvement, the requested service for 12 chiropractic visits exceeds maximum allowance per California MTUS Guidelines. Furthermore, it states under the guidelines, one of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. In the case of this patient, with the patient already having completed the 12 sessions of chiropractic treatments and with the noted improvement in his functional ability, the patient would be recommended to continue with an active home exercise program to continue to achieve functional improvement. As such, the requested service is not deemed medically necessary and is non-certified.

X-ray, three views of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: Regarding the request for 1 x-ray, a total of 3 view of the lumbar spine, according to California MTUS/ACOEM Guidelines, x-rays are recommended when red flags for fracture are present. It further states that routine oblique views are not recommended for the diagnosis of low back disorders. In the case of this patient, the documentation does not provide a thorough rationale for the request for lumbar spine radiographs. The documentation noted that the patient had made significant improvements with chiropractic treatments. Without having sufficient information pertaining to the medical necessity for x-rays of the lumbar spine, the requested service is not deemed medically necessary and is non-certified.

X-ray, three views of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209..

Decision rationale: Regarding the request for 1 x-ray with 3 views of the left shoulder, under California MTUS/ACOEM Guidelines it states that for patients with limitation of activity after 4 weeks, and unexplained physical findings such as effusion or localized pain (especially if following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. In the case of this patient, there is a lack of documentation providing a thorough rationale for a radiograph of the left shoulder. The documentation has focused on the patient's lumbar spine in regards to the chiropractic treatment. However, there is no further documentation giving a thorough overview of the patient's condition related to his left shoulder injury. Without having a

clear rationale for the medical necessity of an x-ray of the left shoulder, to include 3 views, the requested service is not deemed medically necessary and is non-certified.