

Case Number:	CM13-0057470		
Date Assigned:	12/30/2013	Date of Injury:	03/08/2013
Decision Date:	03/28/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 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 63-year-old male with a date of injury of 3/08/2013. According to the progress report dated 10/28/2013, the patient complained of continued constant cervical, thoracic, lumbar spine, and right shoulder pain. In addition there was frequent shooting pain down the patient's right leg. The low back pain was rated at 4-6/10, cerviothoracic was at 4-5/10, and the shoulder was 3/10. Significant objective findings include decrease range of motion in the lumbar spine. The lumbar spine range of motion was 50 degrees in flexion, 25 degrees in extension, 25 degrees in bilateral lateral flexion. The shoulder range of motion was 90 degrees in abduction/flexion, 75 degrees in rotation, and 80 degrees in internal rotation. There was +2 tenderness in the cervical spine muscles and the erector spine/quadratus lumborum. There was a positive straight leg raise at 55 degrees bilaterally, positive Yeoman's, and positive sacroiliac compression test. The patient was diagnosed with rotator cuff syndrome, brachial neuritis/radiculitis, and displacement of cervical disc without myelopathy. –

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, Page(s): 58-60.

Decision rationale: The guideline recommends chiropractic manipulation as a trial of 6 visits over 2 weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. According to the progress dated 10/28/2013, the patient has completed 18 chiropractic visits. The provider stated that the patient was progressing slowly and has increased range of motion since last exam. There was no documentation of functional improvement provided in the submitted documents. According to Â§ 9792.20 Medical Treatment Utilization Schedule, functional improvement is defined as either a clinically significant improvement in activities of daily living or reduction in work restriction as measured during the history and physical exam and a reduction in dependency on continued medical treatment. The provider has requested a referral to a pain specialist and an orthopedic surgeon. The provider also requested for a TENs unit. The requests made by the provider suggest that there was no functional improvement because there was no reduction in the dependency on continued medical treatment. Therefore the provider's request for 4 additional chiropractic sessions is not medically necessary at this time.