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| Case Number: | CM13-0061735 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 06/15/2012 |
| Decision Date: | 05/08/2014 | UR Denial Date: | 11/19/2013 |
| Priority: | Standard | Application Received: | 12/05/2013 |

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 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 40 year old male who was injured on 06/15/2012 while he was lifting two plastic cans of chemicals weighing over 40 pounds together repetitively for 5 hours, causing the development of low back pain and left shoulder pain preventing the continuation of work. Prior treatment history has included Norco, Soma, and Ibuprofen. The patient has received chiro/physiotherapy for lumbar spine, a total of 10 visits. The patient underwent a total of 6 physical therapy sessions for the left shoulder with minimal to moderate improvement of pain in Final Determination Letter for IMR Case Number [REDACTED] the lumbar spine and left shoulder. He has received epidural injection of the lumbar spine April of 2013. PR-2 dated 10/01/2013 documented the patient with complaints of constant pain in the left shoulder. He states that the medications help relieve the pain. He states that the pain is worse with repetitive hand and arm movements. The pain is associated with tingling, pins and needles and weakness. The pain level varies throughout the day but he gives a pain level of 8/10. The patient also complains of sharp and stabbing pain in the low back. The pain is associated with numbness and weakness in bilateral legs. He states that the medications and rest help relieve the pain. He states that the pain is worse with standing, crouching or squatting, repetitive waist bending or twisting, prolonged walking for more than 20 minutes, walking on uneven surfaces and repetitive lifting or carrying. The pain level varies throughout the day and he gives a pain level of 9/10. Objective findings on exam include range of motion of the lumbar spine with flexion 60 degrees, active 10 degrees; extension, right lateral flexion and left lateral flexion are 25 degrees and 0 degrees bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TWICE A WEEK FOR SIX WEEKS ON LUMBAR SPINE: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines support additional Chiropractic care of chronic conditions if there is a well-up or flare-up which causes a loss of specific functional capacity. Chiropractic care is also supported if said treatment to date has restored specific functional loss. A series of Chiropractic treatments has been utilized in this case (10 visits), as well as Physiotherapy (6 treatments). There is no documentation or statement in the record as to what prior functional impairment or loss was restored by said treatment. The MTUS Chronic Pain Guidelines also state there must be a reasonable expectation of some restoration of functional capacity. There is no statement in the medical records provided for review as to what functional capacity will/can be restored by continued/additional Chiropractic treatment, therefore the request is not medically necessary and appropriate