

Case Number:	CM13-0070195		
Date Assigned:	01/08/2014	Date of Injury:	12/24/2009
Decision Date:	04/21/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of December 24, 2009. A utilization review determination dated December 20, 2013 recommends modified certification of acupuncture (4 visits certified, 8 requested), chiropractic treatment (6 visits certified, 8 requested), and massage therapy (4 visits certified, 8 requested). A progress report dated December 11, 2013 identifies a subjective complaints indicating that the patient has had a flare-up of pain and discomfort involving his low back and left leg with ongoing pain in the right shoulder. Physical examination findings identifies improvement in the lumbosacral range of motion and 5/5 motor strength in the lower extremities. The diagnoses include right shoulder rotator cuff injury status post surgery, lumbosacral sprain/strain, possible lumbosacral disc injury, and lumbosacral facet arthropathy. The treatment plan recommends electro acupuncture, stating that the patient has had this treatment in the past with a "great response." The note indicates that the treatment allows the patient to improve function and allowed him to work on a full-time basis without interruption. Additionally, chiropractic treatment and massage therapy is recommended and has been helpful in the past to decrease flare up of pain and discomfort. Additionally, exercise at the no-pain range is recommended as well as TENS unit. A letter dated January 23, 2014 recommends that the patient should be afforded a trial of 6 treatments of acupuncture. A progress report dated January 8, 2014 indicates that the patient is still symptomatic but has received partial certification of the recommended treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT CHIROPRACTIC TREATMENTS TO THE SHOULDER AND LOW BACK:
Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care, since the most recent physical examination is normal. Additionally, the currently requested 8 treatment sessions exceeds the initial trial recommended by guidelines of 6 visits, and there is no provision to modify the current request. Additionally, there is no documentation of analgesic efficacy (in terms of reduced NRS or percent pain reduction) or specific functional improvement with any previous chiropractic sessions. The request for eight chiropractic treatments to the shoulder is not medically necessary and appropriate.