

Case Number:	CM14-0100266		
Date Assigned:	09/16/2014	Date of Injury:	12/18/2007
Decision Date:	12/03/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/30/2014

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 licensed 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:

According to the available medical records, this is 57 year old male with chronic pain in the neck, upper, mid, and lower back, bilateral shoulders and hands, date of injury is 12/18/2007. Previous treatments include medications, injections, physical therapy, and chiropractic. Progress report dated 05/21/2014 by the treating doctor revealed patient complains of constant head pain, 8-9/10, constant neck pain 8/10 radiating to the upper extremities with numbness and tingling, constant low back pain 8/10 radiating to the lower extremities with numbness and tingling, therapy was beneficial. Objective findings include decreased sensation in the left C6 and C7 dermatomes, cervical ROM: flexion 40, extension 35, right lateral flexion 25, left lateral flexion 20, rotations 70, tenderness and spasms in bilateral trapezius muscles, shoulder ROM normal, tenderness and spasms in the right trapezius muscles and the right para-scapular muscles, normal wrists ROM, thoracic ROM: flexion 45, rotations 25, lumbar ROM: flexion 45, extension 5, lateral flexions 10, SLR positive bilaterally with tenderness in the thoracic spine and lumbar spine, femoral stretch positive bilaterally with tenderness and spasms in bilateral paravertebral muscles, the patient uses a can to walk, antalgic gait. Diagnoses include blurred vision, cervical radiculopathy, low back radiculopathy, adjustment disorder and insomnia. The patient had not been working since the accident and remained off-work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 2 times/ 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant presents with multiple body part injury and pain with over 7 year in duration. The available medical records noted patient has had chiropractic treatment before, however, there is no treatment records available for review. Progress report dated 04/17/2014 noted 8 chiropractic treatments requested, however, there is no treatment records available, the total number of chiropractic visit the claimant recently received is unclear. Progress report dated 05/21/2014 noted therapy is beneficial, however, the patient subjective pain level increased and ROM decreased compare to those findings in the report on 04/17/2014. Based on the guidelines cited, the request for chiropractic treatments 2x3 is not medically necessary.