

Case Number:	CM14-0012446		
Date Assigned:	02/21/2014	Date of Injury:	08/14/2009
Decision Date:	07/07/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/30/2014

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:

The patient is a 70 year old male who was injured on 08/14/2008. The mechanism of injury is unknown. Prior treatment history has included Lexapro, Norco, Lyrica. Diagnostic studies reviewed include MRI of the lumbar spine dated 03/28/2013 revealed varying degrees of degenerative changes from L2-3 to the L5-S1 interspaces all inclusive as described above. PR2 dated 01/09/2014 indicates the patient reports severe phantom pain in the right leg. He reports being unable to sleep at night due to the pain. He has noticed increased stiffness in the neck and shoulder for which he would like chiropractic treatment. On exam, he ambulates with stiff antalgic gait due to right prosthesis. He has functional strength and range of motion of extremiteis. He has intact equal sensation to light touch in the thigh region of the lefts. He has 90 degrees of flexion and 10 degrees of extensin of the back with tenderness in the thoracci to lumbar myofascial regions. Diagnoses are amputated left unilateral, below the knee with complication, califying tendinitis of the shoulder, and cervcialalgia. PR2 dated 02/06/2014 states the patient presents with neuropathic pain in the right lower extremity. He had good relief with Lyrica. He was givin Lyrica 100 mg every 8 hours. He has an antalgic gait on the right. He reports pain in the left gluteal and posterior thigh region which limits his ability to ambulate. He has positive Tinel's with percussion of the median nerve at the left wrist. He has postive Phalen's sign at the left wrist. Prior UR dated 01/16/2014 states the request for chiropractic evaluation and treatment of the neck and shoulders is non-certified as there is no specific requested number of treatments and an initial evaluation and trial would be more appropriate as the patient has not had this form of treatment in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CHIROPRACTIC EVALUATION AND TREATMENT OF NECK AND SHOULDERS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

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

Decision rationale: As per CA MTUS guidelines, chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions. Based on the medical records reviewed, it appears that the AME has evaluated this patient 4 times and the patient is still undergoing active treatment. There is no documentation that the patient has been treated with chiropractic treatment previously. The request for chiropractic treatment is both reasonable and necessary since the patient has neck and shoulder pain and stiffness. According to the Chronic Pain Medical Treatment Guidelines, a chiropractic evaluation is necessary and if considered appropriate, an initial trial is adequate consist of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visit over 6-8 weeks. In this case, the provider has requested chiropractic evaluation and treatment of neck and shoulders; however, there is no mention about frequency and duration of the treatment of neck and shoulders. Thus, the requested treatment is not medically necessary.