

Case Number:	CM14-0018873		
Date Assigned:	04/23/2014	Date of Injury:	10/19/1999
Decision Date:	07/03/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/14/2014

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 Board Certified in Orthopaedic Surgery and is licensed to practice in Mississippi. 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 utilization review question is from January 2014. The reviewer indicates that 21 previous chiropractic visits have been performed in the last 90 days. The original injury occurred in 1999 involving the back and left shoulder. The reviewer denies the claim noting that there were no specific examples provided of objective functional improvement from the previous chiropractic treatment. A clinical document from April 2014 indicates that the claimant has continued weakness and pain with regards to the left shoulder. An examination is not performed on the lumbar spine for this visit. The most recent progress note that addresses the lumbar spine from January 2014 indicates that there is low back pain that radiates into both lower extremities. Examination of the lumbar spine documents bilateral tenderness, mild lumbar lordosis, loss of strength secondary to guarding. Paraspinous tenderness is noted and there is decreased range of motion and a positive straight leg raise. The clinician does not document any objective functional improvement following the previous chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 VISITS OF CHIROPRACTIC CARE 2 TIMES A WEEK FOR 6 WEEKS: 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
PHYSICAL MEDICINE Page(s): 58.

Decision rationale: The Chronic Pain Medical Treatment Guidelines supports the use of chiropractic care and management of chronic low back pain and recommends up to 18 visits over 6-8 weeks. Based on the documentation provided, 21 chiropractic therapy visits have been completed over the last 90 days. There is no documentation of any objective functional improvement following this intervention. As such, the Chronic Pain Medical Treatment Guidelines does not support additional treatment. The request is not medically necessary.

**8 VISITS OF MYOFASCIAL RELEASE PHYSICAL THERAPY 2 TIMES A WEEK
FOR 4 WEEKS:** Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 9.

Decision rationale: The Chronic Pain Medical Treatment Guidelines supports the use of physical therapy in the management of chronic pain. For myalgia, it recommends 9-10 visits over 8 weeks to allow for fading of treatment frequency plus an active self-directed home physical medicine program. Based on the documentation provided, claimant had already completed a trial of myofascial release physical therapy and the clinician does not document any objective functional improvement following these visits. As such, the request is not medically necessary.