

Case Number:	CM14-0122183		
Date Assigned:	08/06/2014	Date of Injury:	08/06/2012
Decision Date:	09/11/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/01/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 64-year-old male with a date of injury of 08/06/2012. The listed diagnoses per Dr. [REDACTED] are: 1. Lumbar discogenic disease with radiculopathy 2. Right shoulder impingement syndrome 3. Right lower extremity radiculopathy with right hip bursitis. According to progress report 05/07/2014, the patient presents with low back pain that radiates into the right hip and right leg. The patient also complains of right shoulder pain. Examination of the right shoulder revealed positive impingement sign and painful range of motion on the right. Examination of the lumbar spine revealed spasm, painful range of motion, as well as limited range of motion. There is positive straight leg raise on the right at 60 degrees and on the left at 70 degrees. The treater is recommending patient continue with medication and is requesting authorization for chiropractic manipulative therapy 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulative treatment two times a week for six weeks, low back, right shoulder Qty: 12: 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, 59.

Decision rationale: This patient presents with low back pain that radiates into the right hip and right leg. The patient also complains of right shoulder pain. Treater is requesting chiropractic manipulative treatment 2 times a week for 6 weeks for the low back and right shoulder. MTUS Guidelines recommends manual therapy manipulation for chronic pain caused by musculoskeletal conditions. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of functional improvement, total of up to 18 visits over 6 to 8 weeks. Review of the medical file including progress reports from 07/25/2013 to 05/07/2014 does not indicate the patient had prior chiropractic treatment. Given the patient's continued pain, an optional trial of 6 visits is recommended. In this case, the treater's request for initial 12 visits exceeds what is recommended by MTUS. Therefore, the request is not medically necessary.