

Case Number:	CM14-0125555		
Date Assigned:	09/24/2014	Date of Injury:	06/03/2014
Decision Date:	11/06/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/07/2014

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 a licensed Chiropractor 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 34-year-old male with a 6/3/14 date of injury. The patient injured his neck, back, and shoulders while carrying chairs and cleaning tables at work. According to a progress report dated 8/5/14, the patient reported low back and bilateral shoulder pain into his arms. With chiropractic treatment, his pain level has decreased and he is able to sleep better. The patient has completed 12 chiropractic treatments and the provider recommends an additional 6 chiropractic visits to include interferential, massage, infrared, and exercises. Objective findings: lumbar range of motion was FTF, extension was 15 degrees with pain, right rotation and left side bending were 25 degrees both producing discomfort, tenderness at the bicipital tendon and lumbar spine, myospasms present in trapezius muscles and lumbar paraspinal muscles. Diagnostic impression: bilateral shoulder sprain/strain, radiculitis, lumbar sprain/strain, spinal myospasm. Treatment to date: medication management, activity modification, acupuncture, chiropractic/physiotherapy visits. A UR decision dated 8/6/14 denied the request for 6 additional chiropractic/physiotherapy sessions. The treatment to date has included 12 visits, and the available documentation does not suggest significant objective functional improvement sufficient to justify continued manipulation and further passive modalities as recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/Physiotherapy, additional six treatments (2x3): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Lumbar and Shoulder Chiropractic guidelines, Therapeutic care

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines 9792.23.5 Low Back Complaints, 9792.24.2 Page(s): 58.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits is supported. In addition, elective/maintenance care is not medically necessary. However, in this case, the patient has completed 12 chiropractic sessions to date. There is no documentation of functional gains from the completed sessions. A specific rationale describing functional goals to be achieved with an additional 6 sessions was not provided. Therefore, the request for Chiropractic/Physiotherapy, additional six treatments (two times three) was not medically necessary.