

Case Number:	CM14-0167587		
Date Assigned:	10/14/2014	Date of Injury:	07/08/2001
Decision Date:	11/17/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/10/2014

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 a 54 year old male with chronic pain in the neck, shoulders and low back, date of injury is cumulative from 09/1/1986 to 09/12/2013. Previous treatments include medications, injections to the right shoulder, right shoulder surgery, post-operative physical therapy, acupuncture, IDET procedure to the lumbar spine and chiropractic. AME report dated 05/06/2014 revealed patient complains of constant, dull neck pain with associated tightness and limited ROM (range of motion), right shoulder pain with certain positions and mobility, difficulty reaching up and to the back, left shoulder pain that is worse at night, low back pain, constant and dull, associated with tightness and "pressure", radiates to the posterior thighs, he also feels an "electric" tingling sensation on the top of the left foot. Physical exam revealed some limitation of lumbar mobility and associated complaints in the lower back, ROM decreased in all planes, cervical ROM limited with pain, slight trapezial tenderness without spasm, bilateral shoulders complaints with mobility, slight residual abductor weakness on right shoulder. He is noted to be permanent and stationary with prophylactic preclusion from heavy work activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic two times a week for four weeks (2x4) to the cervical spine, right shoulder and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy/Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic

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

Decision rationale: The claimant presents with chronic neck, shoulder and low back pain which is permanent and stationary according to the AME report dated 05/06/2014. The available medical records showed the claimant received 8 chiropractic treatments after 05/06/2014. However, there are no treatment records available, no document of functional improvement achieved, and no document of recent flare-up that warrant additional treatments. Therefore, the request for additional 8 chiropractic treatments for the neck, shoulder and low back is not medically necessary.