

Case Number:	CM14-0182366		
Date Assigned:	11/07/2014	Date of Injury:	01/27/1999
Decision Date:	12/15/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/03/2014

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 65 year old male with chronic left shoulder and low back pain, date of injury is 01/27/1999. Previous treatments include physical therapy and chiropractic. There are no other treatment records available and diagnoses weren't given. Progress report dated 10/14/2014 by the treating chiropractor revealed the patient reports lower lumbar and sacroiliac pain on the right, pain in the left neck, and stiffness and pain in the mid back remains unchanged since his last visits. Pain is constant at 5-6/10, and activity increases to 9/10 especially getting up/down, walking. Objective findings noted cervical, thoracic, and lumbosacral regions found to have a moderate degree of pain on palpation. Muscle tenderness and spasm in the suboccipital, posterior cervical, levator scapula, scalene, paraspinals and quadratus lumborum. Lumbosacral ROM limited due to very stiff muscles and a very rigid spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal manipulation as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: The injured worker presents with chronic low back pain and left shoulder pain for over 15 years. The available medical showed he has had 90 physical therapy treatments and an unknown number of chiropractic treatments. There is no document of recent flare up, evidences of objective functional improvement with previous chiropractic treatments, or diagnoses given. Based on the guidelines cited, the request for chiropractic treatments is not medically necessary.