MAXIMUS Federal Services

Case Number:	CM14-0035802		
Date Assigned:	08/15/2014	Date of Injury:	04/29/2010
Decision Date:	12/11/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/24/2014

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 59 years old male with chronic pain in the low back, right foot, right thigh and right shoulder, date of injury is 04/29/2010. Previous treatments include medications, injection, chiropractic, physical therapy, massage, TENS unit, and home exercises. Progress report dated 10/03/2014 by the treating doctor revealed patient complains of right sided low back pain, back stiffness and back spasms, occasional radiation to the right buttock and behind the right thigh up to the knee joint, neck pain right worse than left, looking up worse than down, turning sideways increases pain, neck stiffness and spasms, occasional headaches which are right occipitofrontal, occasional tinging numbness affecting both upper extremities, right shoulder pain mostly in the front and the outer aspect, weakness and decreased ROM, popping and clicking for the use of right upper extremities. Physical examination revealed suboccipital tenderness bilaterally, positive straight leg raise on the right at 60 degrees for lower back pain and radicular pain, diffused facet tenderness bilaterally, facet loading test positive bilaterally, moderate tenderness over the anterior and lateral aspect of the right shoulder joint without obvious swelling, decreased sensation to touch over the right calf, lateral aspect of the right foot, and lateral right thigh. Diagnoses include chronic pain syndrome, lumbosacral spondylosis without myelopathy, lumbago, lumbar degeneration, neck sp/st, chronic pain due to trauma, pain in shoulder joint, shoulder osteoarthrosis, persistent disorder of initiating or maintenance sleep, mixed anxiety and depressed mood, overweight. Chiropractic treatment x6 is requested to treat cervical and lumbar pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic visits for the lumbar spine: Overturned

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

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

Decision rationale: The claimant presents with chronic pain in the neck, right shoulder, and low back pain. Previous treatments include medications, injection, physical therapy, TENS, massage, chiropractic, and home exercise, with chiropractic treatments noted in 2010. There are no previous treatment records available and the claimant reported chiropractic treatments helped. A trial of 6 chiropractic treatments over 2 weeks is recommended by MTUS guidelines for chronic low back pain. Therefore, the request for 6 chiropractic visits is medically necessary.