

Case Number:	CM14-0073199		
Date Assigned:	07/16/2014	Date of Injury:	03/10/2010
Decision Date:	08/14/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/20/2014

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 year old male patient with chronic neck, right shoulder, knees and low back pain, date of injury 03/10/2010. Previous treatments include medications, chiropractic, physiotherapy and exercise. A progress report dated 04/07/2014 by the treating doctor revealed aggravation of the patient's lower back and right shoulder pain, lower back 5/10, right shoulder 6/10, mid back 6/10 and neck 6/10. Lower back pain was described as occasional aching, dull and tight. Right shoulder pain was described as occasional aching, cracking, sore, and stiff most of the time. An exam showed decreased cervical flexion with pain, extension with pain, left rotation, right rotation and left lateral flexion. The patient had decreased thoracic flexion, left rotation with pain and right rotation with pain. AROM (active range of motion) of lumbar flexion with pain, extension with pain, left lateral flexion with pain and right lateral flexion with pain. Biomechanical joint dysfunction was apparent over the patient's C4-7, T4-6 and L4-5, mild spasm in lower back and neck, moderate inflammation over the lower back, mid back and neck, mild muscle weakness in lower back, moderate tender taut fibers over his cervical musculature, thoracic and lumbar musculature. Diagnoses include low back pain, lumbar facet syndrome and rotator cuff syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic rehab 3 x 6 for the shoulder, low back, and neck.: Upheld

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

MAXIMUS guideline: Decision on the MTUS Chronic Pain Medical Treatment Guidelines, Manual Therapy, pages 58-59.

Decision rationale: CA MTUS guidelines recommend 1-2 visits every 4-6 months for flares-up of chronic low back pain. This patient presents with an aggravation of the low back and right shoulder pain; however, the request for 18 chiropractic treatments exceeds the guideline recommendation. Therefore, the request is not medically necessary.