

Case Number:	CM14-0081146		
Date Assigned:	09/05/2014	Date of Injury:	09/16/2011
Decision Date:	10/10/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	06/02/2014

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 Board Certified in Chiropractics 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 35 year old male patient with chronic pain in the neck, upper back, left shoulder/trapezius, and low back pain, date of injury is 09/16/2011. Previous treatments include medications, physical therapy, chiropractic, acupuncture and independent home exercise program. Progress report dated 03/31/2014 by the treating doctor revealed patient had increased in pain symptoms with respect to his lower back, he also is complaining of neck and left shoulder pain and discomfort. He described his lower back pain as constant moderate-severe sharp and stabbing pain with radiating burning pain and numbness down his right lower extremity, 7-8/10 on VAS. He described his mid back pain as frequent slight-moderate sharp and stabbing pain and stiffness with occasional numbness and tingling down his left upper extremity into his #2, #3, and #4 digits, 6-7/10 on VAS. He also described his left shoulder pain and discomfort as constants slight-moderate sharp and stabbing pain in the acromioclavicular joint and in the supraspinatus tendon region, 7/10. Cervical ROM decreased in all ranges with moderate pain at end ranges, thoracolumbar spine ROM decreased in flexion and extension with moderate pain at end ranges. Palpation of the cervical, thoracic, lumbar spines and left shoulder revealed slight-moderate left mid-lower cervical paravertebral hypertonicity, moderate right and slight left iliolumbar paravertebral hypertonicity, and slight-moderate pain and tenderness noted over the left AC Joint, supraspinatus tendon and trapezius muscles. Positive bilateral shoulder depression, positive cervical compression left, positive Apley's scratch left shoulder and positive SLR right at 35 degrees, slight decreased in pinprick sensation over the left C6-7 and right S1 dermatome, diminished knee jerk +1 and ankle jerk +1 on the right. Diagnoses include lumbar L5-S1 disc protrusion, lumbar radiculitis, cervical C4-5 retrolisthesis, cervical radiculitis, thoracic spine sp/st, thoracic spine levoscoliosis, and left shoulder sp/st and trapezius myalgia. The patient continues to be temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Review of the available medical records showed this patient has had 29 chiropractic treatments, and he has been receiving chiropractic treatments 1-2 times a month for ongoing neck and back pain. Thus the treatments exceeded the guidelines recommendation and failed to facilitate objective functional improvement. Therefore, based on the guidelines cited, the request for 4 chiropractic visits is not medically necessary.