

Case Number:	CM14-0081636		
Date Assigned:	07/18/2014	Date of Injury:	10/09/2013
Decision Date:	09/24/2014	UR Denial Date:	05/23/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The records presented for review indicate that this 37-year-old gentleman reportedly injured on October 9, 2013. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated May 15, 2014, indicates that there are ongoing complaints of neck pain, low back pain, and right shoulder pain. The physical examination demonstrated decreased range of motion of the cervical spine, lumbar spine, and right shoulder. Diagnostic imaging studies of the lumbar spine show a broad-based disc protrusion at L4 - L5 and L5 - S1. An MRI the right shoulder shows a type III acromion and posterior humeral head subchondral edema consistent with a bone contusion. Previous treatment includes a cortisone injection for the shoulder, physical therapy, and chiropractic care. A request had been made for eight visits of chiropractic therapy for the lower back and neck and was not certified in the pre-authorization process on May 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic Therapy visits for the Low Back and Neck (05/21/2014 - 07/05/2014):

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines chiropractic care is recommended for chronic pain if caused by musculoskeletal conditions and is widely used in the treatment of musculoskeletal pain. Previous chiropractic care should be assessed for efficacy after six trial visits. A review of the medical record does indicate that the injured employee has previously received chiropractic care, however the efficacy of this treatment is unknown. Considering this, this request for eight additional chiropractic therapy visits for the low back and neck is not medically necessary.