

Case Number:	CM13-0031755		
Date Assigned:	12/04/2013	Date of Injury:	01/11/2007
Decision Date:	03/30/2015	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/04/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Minnesota
 Certification(s)/Specialty: Chiropractor

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 injured worker is a 44 year old male, who sustained an industrial injury on 1/11/2007. He has reported knee, right shoulder and low back pain due to cumulative trauma. The diagnoses have included lumbago, degenerative disc disease, muscle spasms and upper arm dysfunction. Treatment to date has included physical therapy and chiropractic care with activity modification. Currently, the IW complains of shoulder and back pain. Magnetic Resonance Imaging (MRI) of right shoulder in May 2013 was significant for tendinosis and Magnetic Resonance Imaging (MRI) of lumbar spine 5/8/2013 was significant for mild disc degeneration without narrowing at L3-L4. Physical examination 3/5/13 documented slight lumbar tenderness on right side, decreased sensation to left thigh, and right shoulder crepitus and popping. Diagnoses included right shoulder impingement syndrome and lumbar myofascial sprain with radiculopathy. The provider documented the conditions had worsened however; there was no diagnostic testing to confirm. The plan of care was for repeat Magnetic Resonance Imaging (MRI) of right shoulder and lumbar spine. On 9/12/2013 Utilization Review non-certified eight (8) chiropractic treatment sessions (twice a week for four weeks) from 8/20/2013, noting the documentation submitted for review did not include objective clinical findings. The MTUS Guidelines were cited. On 10/4/2013, the injured worker submitted an application for IMR for review of eight (8) chiropractic treatment sessions (twice a week for four weeks) from 8/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 times per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested Chiropractic therapy/manipulation 2 times per week for 4 weeks. This request is not according to the above guidelines and is therefore not medically necessary. Also the doctor must show documented evidence of objective functional improvement in order to receive additional chiropractic treatment for the patient.