

Case Number:	CM14-0115149		
Date Assigned:	09/16/2014	Date of Injury:	09/10/2013
Decision Date:	02/04/2015	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/22/2014

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 Rehab, 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:

This patient sustained an injury on 9/10/13 while employed by [REDACTED]. Request(s) under consideration include Chiropractic 1x week for 2 weeks Cervical, Thoracic, lumbar, Right Shoulder, Left wrist. Diagnoses include cervical radiculitis s/p cervical fracture, cervical, thoracic, and lumbar sprain/strain, right shoulder impingement, left wrist pain. Conservative care has included medications, therapy, and modified activities/rest. Medications list Ultracet, Anaprox, and Protonix. Report of 5/28/14 from the provider noted the patient with chronic ongoing low back pain, constant headaches, right shoulder tendinitis and continued neck pain. Exam showed unchanged findings of cervical tenderness and spasm at C2-7; lumbar spine with tenderness and spasm at L1-5; thoracic spine with tenderness and spasm at T1-3 and T6-8. Treatment plan include acupuncture, chiropractic treatment. The request(s) for Chiropractic 1x week for 2 weeks Cervical, Thoracic, lumbar, Right Shoulder, Left wrist was non-certified on 6/19/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 x week for 2 weeks for cervical, thoracic, lumbar, right shoulder, left wrist:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Chiropractic Care, Manual Therapy & Manipulation, Treatment Page(s): 58-60.

Decision rationale: This patient sustained an injury on 9/10/13 while employed by [REDACTED]. Request(s) under consideration include Chiropractic 1x week for 2 weeks Cervical, Thoracic, lumbar, Right Shoulder, Left wrist. Diagnoses include cervical radiculitis s/p cervical fracture, cervical, thoracic, and lumbar sprain/strain, right shoulder impingement, left wrist pain. Conservative care has included medications, therapy, and modified activities/rest. Medications list Ultracet, Anaprox, and Protonix. Report of 5/28/14 from the provider noted the patient with chronic ongoing low back pain, constant headaches, right shoulder tendinitis and continued neck pain. Exam showed unchanged findings of cervical tenderness and spasm at C2-7; lumbar spine with tenderness and spasm at L1-5; thoracic spine with tenderness and spasm at T1-3 and T6-8. Treatment plan include acupuncture, chiropractic treatment. The request(s) for Chiropractic 1x week for 2 weeks Cervical, Thoracic, lumbar, Right Shoulder, Left wrist was non-certified on 6/19/14. MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It is unclear how many sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved functional status from previous conservative treatment already rendered. Clinical exam remains unchanged without acute flare-up, new red-flag findings, or new clinical findings to support continued treatment consistent with guidelines criteria. It appears the patient has received an extensive conservative treatment trial; however, remains functionally unchanged without progress in a functional restoration approach. The Chiropractic 1 x week for 2 weeks for cervical, thoracic, lumbar, right shoulder, left wrist is not medically necessary and appropriate.