

Case Number:	CM14-0189547		
Date Assigned:	11/20/2014	Date of Injury:	07/11/2014
Decision Date:	01/08/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/13/2014

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 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 49 year old male with complains of pain in the upper back, head, neck and chest, date of injury is 07/11/2014. Previous treatments include medications, physical therapy, and home exercises. Treating chiropractic doctor's first report dated 10/08/2014 revealed injured worker with neck and back pain, rib pain, headaches, difficulty with repetitive lifting, bending, standing, and twisting. Physical exam revealed positive shoulder depression, positive Kemp's, positive Ely's, decreased cervical and lumbar range of motion (ROM). Diagnoses include cervical sp/st, thoracic sp/st, lumbar sp/st, bilateral ribs, and headaches. The injured worker returned to modified work. Progress report dated 10/09/2014 by the treating doctor revealed injured worker continued to get pain and gets tired after 4 hours of regular duty and most of his pain is localized in the parathoracic area in rhomboids and latissimus dorsi muscles. He had failed to follow recommendation for home exercises. Physical exam revealed head and neck was normal with full ROM and negative Spurling test, thoracic spine is normal with no evidence of any tenderness, spasm or muscle guarding along the parathoracic muscles, rhomboids and latissimus dorsi muscles, the lumbar spine examination is normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment with Physiotherapy 2x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chiropractic Guidelines

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

Decision rationale: The claimant presented with complains of pain in the neck, upper back, chest, and lower back. Progress reported dated 10/09/2014 revealed normal physical examination with full ROM in the neck and no muscles tenderness, the claimant also failed to follow recommendation for home exercises program. Based on the guidelines cited, there is no objective functional gain is expected, the claimant did not follow exercise recommendation, and the request for 12 chiropractic visits also exceeded the guidelines recommendation. Therefore, the request for Chiropractic Treatment with Physiotherapy is not medically necessary.