

Case Number:	CM14-0195810		
Date Assigned:	12/03/2014	Date of Injury:	03/26/2013
Decision Date:	01/20/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/21/2014

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 a licensed Chiropractor and is licensed to practice in New Jersey. 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 injured worker is a 51-year-old male who reported an injury on 03/26/2013 due to an MVA (motor vehicle accident). The injured worker had diagnoses of cervical ligamentous strain and disc protrusion, thoracolumbar strain, lumbar spine aggravation of the pre-existing but asymptomatic greater spondylolisthesis of the L5-S1, bilateral L5-S1 radiculopathy per EMG/NCV, right shoulder rotator cuff tendonitis, and right knee contusion. Prior diagnostics included an EMG/NCV and MRI. The medication included cyclobenzaprine and naproxen sodium. The injured worker complained of neck, right shoulder, mid-back, lower back, right knee pain and pain that radiated from the neck to the right arm. His treatments included physical therapy, laser therapy, acupuncture, and medication. The physical examination of the cervical spine dated 11/05/2014 revealed tenderness to palpation along the bilateral paravertebral musculature with associated muscle spasms. Range of motion was limited. There were sensory defects noted above the upper right extremity. The tenderness to palpation of the right shoulder was noted at the acromioclavicular joint and right trapezial musculature. Examination of the thoracic spine noted positive for tenderness to palpation, and range of motion was within normal limits. The physical examination of the lumbar spine revealed palpable tenderness with associated bilateral paravertebral myospasms, with limited range of motion. Decreased sensation was observed at the right L3-4 nerve root distribution. Plan of care included chiropractic 2 times a week x4 weeks of the lumbar spine. The request for authorization dated 12/03/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

Decision rationale: The request for chiropractic 2 times a week for 4 weeks for the lumbar spine is not medically necessary. The California MTUS guidelines state that chiropractic care for chronic pain if caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. There was lack of documentation indicating that the injured worker had significant objective functional improvement with prior therapies. Therefore, the request is not medically necessary.