

Case Number:	CM14-0201594		
Date Assigned:	12/12/2014	Date of Injury:	04/23/2014
Decision Date:	01/29/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/03/2014

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 licensed in Chiropractor (DC), 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 68 year old male with chronic neck and back pain, date of injury is 4/23/2014. Previous treatments include medications, physical therapy, and chiropractic. Progress report dated 07/31/2014 by the treating chiropractic doctor revealed patient with intermittent moderate to severe neck/upper back pain to right elbow, low back pain to right thigh. Examination noted decreased cervical ROM and lumbar ROM with pain, positive shoulder depression bilaterally, right more than left, positive Soto Halls, positive SLR on the right at 60 degrees, positive Kemps on the right, positive Patrick Fabere on the right, positive Ely's test on the right, and positive Milgram. Six chiropractic treatments with physiotherapy was plan. Progress report dated 09/10/2014 by the treating chiropractic doctor revealed patient with intermittent slight to moderate neck/upper back pain to right elbow/arm pain, intermittent moderate low back pain to right thigh. Examination revealed decreased cervical ROM and lumbar ROM with pain, positive shoulder depression bilaterally, right more than left, positive Soto Hall, positive Laseque's on the right at 70 degrees, positive Kemps on the right, positive Patrick Fabere on the right, positive Ely's test on the right, positive SLR on the right at 60 degrees, positive Milgrams, positive Nachlas on the right. Treatment plan include additional 6 chiropractic and physiotherapy. Progress report dated 10/28/2014 by the treating doctor revealed patient complains of constant neck, upper trapezius, mid thoracic (mostly on the right), and low back pain with radiation into the right buttock. Physical examination revealed cervical ROM is about 75% of normal in all directions, in the lumbar spine: flexion is painful for him and about 75% of normal and extension is full, he does have some facet loading maneuvers in the neck, left greater than right, tender to palpation with some palpable guarding and spasm in the cervical paraspinal (5/10), cervical facets (5/10), bilateral superior trapezius (7-8/10), right thoracic paraspinal (5/10), bilateral lumbar paraspinals (5/10), right gluteus medius muscle (8/10), and

right lateral elbow. Diagnoses impression include cervical sprain/strain, thoracic and lumbar sprain/strain. The patient was taken off work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro X 8 Sessions Cervical & Lumbar With Active Release Technique & Myofascial Release: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

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

Decision rationale: The claimant presented with ongoing neck and back pain despite previous treatments with medications, physical therapy, and chiropractic. Reviewed of the available medical records showed the claimant has had at least 6 chiropractic treatments with physiotherapy. However, there is no evidence of objective functional improvements documented with those treatments, and the claimant continued to remain on temporary totally disabled. Based on the guidelines cited, the request for 8 chiropractic sessions is not medically necessary.