

Case Number:	CM14-0055528		
Date Assigned:	07/09/2014	Date of Injury:	12/05/2012
Decision Date:	01/15/2015	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/24/2014

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 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:

This 32 year old male sustained an industrial related injury on 12/05/2012 of unknown mechanism. The results of the injury and previous diagnoses were not discussed. Current diagnoses include lumbago, hypertension and cervicgia. Current complaints included a flare-up of pain due to light house work and sleeping on the stomach. There were complaints of occasional low back pain and right shoulder pain with pain in the left shoulder on occasions. The pain was noted to be moderate in intensity with an average pain rating of 4/10 during the previous week. The injured worker also described the pain as throbbing and burning with pins and needles sensation in the upper extremities and cramping in the upper back. The pain was also described as dull and aching with sweating. The musculoskeletal exam revealed limited range of motion (ROM) in the cervical spine with a forward flexion of 40, extension of 30, side bending to the right was 20, and bending to the left was 25. Examination of the lumbar spine showed normal alignment, but did reveal tenderness to palpation over the bilateral lumbar paraspinal muscles. No other abnormalities were noted. Examination of the upper and lower extremities revealed normal strength and muscle tone, and reflexes were symmetrical. There were no other values or limitations noted. Treatment to date has included 12 session of chiropractic treatment with some initial improvement, and oral medications. Diagnostic testing was not discussed. The chiropractic treatment was requested for the treatment of lumbago. Treatments in place around the time the chiropractic treatment was requested included oral medications and rest, with recent physiotherapy. The injured worker's pain was noted to have increased due to sleeping on the stomach and light house work. Functional deficits were not discussed and limited exam findings provided insufficient values. Activities of daily living did not appear to have changed, but the injured worker did report decreased ability to participate in recreational activities. Work functions/status was not mentioned. Dependency on medical care was unchanged. On

04/10/2014, Utilization Review non-certified 10 chiropractic sessions for the lumbar spine which was requested on 04/03/2014. The chiropractic treatment was non-certified based on exceeding the guidelines with insufficient or the absence of functional improvement per the MTUS guideline standards. The MTUS and Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of chiropractic therapy treatment to the lumbar spine for 10 sessions (2x5).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy Treatment to the Lumbar Spine for 10 sessions, 2 x 5: Upheld

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

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

Decision rationale: The claimant presented with ongoing low back pain and right shoulder pain. He has been reporting flare up every month with his follow up visits on 10/31/2013, 12/12/2013, 01/16/2014, 02/20/2014, and 04/03/2014. There was no changes in subjective and objective findings on those follow up visits and the claimant continues to be working on modified duties. The claimant also noted to have completed 12 chiropractic sessions previously. Based on the evidences based guidelines cited, the request for 10 chiropractic therapy sessions exceeded the guidelines recommendation for flare up. Therefore, it is not medically necessary.