

Case Number:	CM14-0063439		
Date Assigned:	07/16/2014	Date of Injury:	10/05/2012
Decision Date:	01/23/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/05/2014

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 55 year old male with chronic lower back pain and bilateral shoulders pain. The date of injury is cumulative from 10/05/2012 to 11/30/2012, and 12/18/2007 and 06/10/2013. Previous treatments include medications, acupuncture, chiropractic, physical therapy, injections, shockwave therapy, and physiotherapy. Progress report dated 04/01/2014 by the treating doctor revealed patient complains of low back pain, 7/10. Objective findings revealed lumbar spine tenderness and spasm of the paraspinal muscles, lumbar range of motion decreased due to pain, and bilateral straight leg raise is negative. Diagnoses include lumbar sprain/strain and lumbar myospasm. The patient remained off work. Progress report dated 1/23/2014 by the treating chiropractor revealed sharp back pain, 7/10, neck pain 7/10, and shoulders pain 9/10. Shoulders range of motion is within normal limits with pain upon raising bilateral arms, +3 tenderness in teres minor and upper trapezius. Diagnosis is shoulder sprain/strain. Progress report dated 12/02/2013 by the treating doctor revealed patient chief complains of pain in the back, neck, shoulders, lower back with low back pain, 5/10, and right shoulder pain, 4/10, also numbness/weakness in arms. Lumbar range of motion noted pain on flexion and right shoulder range of motion with minimal tenderness. Diagnoses include lumbar sprain/strain and right shoulder sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, Once (1) per week for four (4) weeks, Body Part: Left/Right Shoulder, Cervical and Lumbar Spine: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend the chiropractic care for chronic pain that is due to musculoskeletal conditions. The documentation must demonstrate improved function, symptoms, and quality of life from this treatment. The claimant presented with ongoing low back pain and shoulders pain. Previous treatment includes medications, injections, physical therapy, acupuncture, chiropractic, and shockwave therapy. The available medical records showed the claimant has undergone conservative treatments to the low back region that included manipulation therapy but still had significant residual symptoms. There are no previous chiropractic treatment records available, the totaled number of treatments is unknown. The current progress report did not document any recent flare up. Based on the evidences based guidelines cited, the request for 4 chiropractic treatments for the shoulders, neck and back is not medically necessary.