

Case Number:	CM15-0149465		
Date Assigned:	08/12/2015	Date of Injury:	12/29/2014
Decision Date:	09/11/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/31/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

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 32-year-old male, who sustained an industrial injury on December 29, 2014, incurring shoulder, facial, neck, shoulder, upper and lower back injuries. He was diagnosed with a concussion, nasal fracture, cervical sprain, lumbar sprain, sacroiliac sprain, and shoulder sprain after a motor vehicle accident. Treatment included physical therapy and home exercise program, anti-inflammatory drugs, pain medications and activity restrictions. Currently, the injured worker complained of persistent left shoulder pain, neck pain, low back pain and facial pain. He noted limited range of motion of the lumbar spine and upper neck and shoulder regions. He complained of constant sharp and shooting pain rated 8 on a pain scale for 1 to 10. The treatment plan that was requested for authorization included chiropractic sessions for the cervical, lumbar spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro for the cervical, lumbar spine and left shoulder, three times weekly for four weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy.

Decision rationale: The claimant presented with chronic pain in the neck, left shoulder, and lower back. Previous treatments include medications, physical therapy, and home exercises. Reviewed of the available medical records showed no prior chiropractic treatment. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 week for chronic low back pain, the request for 12 visits exceeded the guidelines recommendation. The request for 12 chiropractic visits for the left shoulder also exceeded ODG recommendation. Therefore, it is not medically necessary.