

Case Number:	CM15-0165294		
Date Assigned:	08/28/2015	Date of Injury:	05/16/2013
Decision Date:	09/30/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/24/2015

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, Minnesota

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 60 year old female, who sustained an industrial injury on 5-16-13. The injured worker has complaints of low back pain and left shoulder pain radiating to left mid back and lower neck. The documentation noted tenderness to palpation of the lumbar paraspinal muscles, quadraus lumborum, left rotator cuff muscles; left trapezius, left deltoid and hypomobil subluxation. Lumbar range of motion was slightly restricted. The diagnoses have included lumbosacral sprain and strain and shoulder sprain and strain. Treatment to date has included left shoulder magnetic resonance imaging (MRI) showed biceps tendon disruption and multiple degenerative changes. The request was for 1 chiropractic (unspecified frequency and duration) for the lumbar as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Chiropractic (unspecified frequency & duration) for the lumbar as outpatient:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic) (updated 7/17/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested 1 chiropractic manipulation for the lumbar spine. The request for treatment is well within the above guidelines and therefore the treatment is medically necessary and appropriate.