

Case Number:	CM15-0191806		
Date Assigned:	10/05/2015	Date of Injury:	08/07/1996
Decision Date:	11/12/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	09/29/2015

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 68-year-old male, with a reported date of injury of 08-07-1996. The diagnoses include unspecified internal derangement of the knee, unspecified disorders of bursae and tendons in shoulder region, displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome, and opioid-type dependence, unspecified use. Treatments and evaluation to date have included Diazepam, OxyContin, MS Contin, Tramadol, and Naproxen. The diagnostic studies to date have not been included in the medical records provided. The medical report dated 08-05-2015 indicates that the injured worker complained of pain the bilateral shoulders, right arm, and right elbow. He reported more pain in the lower back and upper legs. The injured worker also complained of weakness, difficulty walking, and "bad sleep". The injured worker rated his pain 7 out of 10 with his current medications. On 07-08-2015, the injured worker rated his pain 4 out of 10 with his current medications. The objective findings (08-05-2015) include a significant amount of self-guarding and fear-avoidance with movements, tenderness in the lower lumbar paraspinal region, forward flexion of the left shoulder was 130 degrees, abduction of the left shoulder was 110 degrees, external rotation of the left shoulder was 70 degrees, internal rotation of the left shoulder was 55 degrees, extension of the left shoulder was 20 degrees, tenderness to palpation over the posterior aspect of the left shoulder, no asymmetry or scoliosis of the lumbar spine, and tenderness to palpation over the bilateral lumbar paraspinal muscles. The treating physician recommended chiropractic physiotherapy two times a week for five weeks, since it has been significantly helpful in reducing the injured worker's symptoms. The medical records provided did not include any prior chiropractic treatment reports. The injured worker was permanent and stationary. The treating physician requested 10 chiropractic treatment sessions, twice a week. On 08-28-2015, Utilization Review (UR) non-certified the request for 10 chiropractic treatment sessions, twice a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment, Twice Weekly QTY: 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

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 Chiropractic treatment of 2 times per week for 5 weeks or 10 total visits to an unspecified area of injury (most likely low back). The request for treatment (10 Visits) is not according to the above guidelines (6 visits), therefore the treatment is not medically necessary and appropriate. The other areas of injury are not recommended to receive manipulation according to the above guidelines.