

Case Number:	CM15-0201573		
Date Assigned:	10/16/2015	Date of Injury:	12/23/2010
Decision Date:	12/03/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/13/2015

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 64 year old with a date of injury on 12-23-2010. The injured worker is undergoing treatment for lumbar sprain-strain and degenerative disc disease, and right shoulder disorder. A physician progress note dated 09-11-2015 documents the injured worker has residual neck pain, left shoulder and low back pain that he rates as a 4 out of 10. Chiropractic therapy helps with his back pain, sleep and he tolerates sitting, standing and walking. The lumbar spine is tender with spasms to the left paralumbar, and range of motion is limited. The injured worker indicates chiropractic sessions help his lumbar pain and mobility. His left shoulder is tender at the rotator cuff, Hawkins is negative, and Empty can test is without pain. MR arthrogram of the left shoulder was reviewed and showed residual tearing. Symptoms are manageable at this time. He could require revision rotator cuff repair in the future. There is a request for a brief course of Chiro treatment to the lumbar spine 2 times a week for 4 weeks. No chiropractic progress reports were found in documentation presented for review. Treatment to date has included diagnostic studies, medications; status post left shoulder redo surgery in 2013, and status post multilevel cervical fusion surgery. Current medications include Norco, and Mobic. On 10-01-2-15 Utilization Review non-certified the request for Additional Chiropractic Treatment 2x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Treatment 2x3: Upheld

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

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

Decision rationale: The claimant presented with chronic pain in the neck, shoulder, low back, and knee. Previous treatments for the low back include medication, physical therapy, and chiropractic. According to the treating doctor progress report dated 07/13/2015, previous chiropractic treatment helped and the claimant has a brief course of chiropractic treatment (8 visits). Progress report dated 09/11/2015, noted chiropractic treatment helped with pain, sleep, and mobility, however, there is no chiropractic progress report documented. It is unclear how many chiropractic visits the claimant has had previously, however, recent chiropractic treatment exceeded MTUS guidelines recommendation for flare-ups. Therefore, the request for additional 6 chiropractic treatments is not medically necessary.