

Case Number:	CM15-0209994		
Date Assigned:	10/28/2015	Date of Injury:	08/18/2014
Decision Date:	12/16/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/26/2015

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 33 year old male, who sustained an industrial injury on 8-18-2014. The injured worker was being treated for cervical, thoracic, and lumbar spine musculoligamentous sprain and strain with radiculitis; cervical and lumbosacral spine discogenic disease, left shoulder tendinitis, status post left shoulder contusion, and left grade 2 superior labral anterior to posterior lesion. The injured worker (5-4-2015, 6-4-2015, and 7-9-2015) reported ongoing neck, mid and upper back, left lower back, and left shoulder pain. The injured worker reported decreased pain and tenderness with chiropractic therapy. He also reported increased function and improved activities of daily living with chiropractic therapy. The physical exam (5-4-2015) revealed grade 2 tenderness to palpation over the cervical, thoracic, and lumbar paraspinal muscles and 2 palpable spasm. The treating physician noted restricted range of motion of the cervical, thoracic, and lumbar spine and trigger points. The treating physician noted grade 2 tenderness to palpation of the left shoulder. The physical exam (6-4-2015) revealed grade 2-3 tenderness to palpation over the cervical, thoracic, and lumbar paraspinal muscles and 1-2+ palpable spasm. The treating physician noted restricted range of motion of the cervical, thoracic, and lumbar spine and trigger points. The treating physician noted grade 2-3 tenderness to palpation of the left shoulder. The physical exam (7-9-2015) revealed grade 3 tenderness to palpation over the cervical, thoracic, and lumbar paraspinal muscles and 3-4 palpable spasm, which was unchanged since the last visit. The treating physician noted restricted range of motion of the cervical, thoracic, and lumbar spine and trigger points. The treating physician noted grade 2-3 tenderness to palpation of the left shoulder, which was decreased from the last visit. The MRI of the cervical spine (1-9-2015)

stated there were central disc protrusions at cervical 3-4, cervical 4-5, and cervical 5-6. The MRI of the lumbar spine (1-9-2015) stated a disc bulge at lumbar 2-3, degenerative disc disease with a disc bulge at lumbar 3-4, and degenerative disc disease with a central disc protrusion superimposed on a disc bulge, producing bilateral neuroforaminal narrowing. The MRI noted grade 1 spondylitic spondylolisthesis with degenerative disc disease at lumbar 5-sacral 1. Treatment has included at least 20 sessions of chirotherapy, physical therapy, extracorporeal shockwave therapy, and pain medication. Per the treating physician (7-9-2015 report), the injured worker is temporary totally disabled. The treatment plan included continued chiropractic therapy for the left shoulder and the cervical, thoracic, and lumbar spines. On 10-1-2015, the original utilization review non-certified a request for chirotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chirotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Neck Official Disability Guidelines (ODG), Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Assessment, General Approach, Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant presented with chronic pain in the left shoulder, neck, and back. Previous treatments include medications, shockwave therapy, physical therapy, and chiropractic. According to the available medical records, the claimant has completed 20 chiropractic visits to date with helped with his pain. However, the claimant remained on totally temporarily disability, there is no change in medications intake. The claimant also exceeded the total number of visits recommended by MTUS guidelines. Therefore, the request for additional 12 visits is not medically necessary.