

Case Number:	CM15-0020150		
Date Assigned:	02/09/2015	Date of Injury:	07/22/2014
Decision Date:	04/06/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/03/2015

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 male, who sustained an industrial injury on July 22, 2014. He has reported neck pain, bilateral shoulder pain and low back pain. The diagnoses have included lumbar spine sprain/strain, herniated nucleus pulposus of the lumbar spine and cervical spine sprain/strain. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medication and work restrictions. Currently, the IW complains of frequent bilateral shoulder pain and lumbar pain and constant neck pain. The injured worker reported an industrial injury in 2014, resulting in chronic neck, low back and bilateral shoulders. On October 2, 2014, evaluation revealed continued pain. He was evaluated for physical therapy. On November 6, 2014, evaluation revealed constant pain. He was participating in aquatic therapy during that time period. He reported difficulty performing activities of daily living. Evaluation on January 21, 2015, revealed continued pain. It was noted he was participating in chiropractic care. On January 27, 2015, Utilization Review non-certified a request for chiropractic treatment, physiotherapy and kinetic activities for 10 sessions, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 3, 2015, the injured worker submitted an application for IMR for review of requested chiropractic treatment, physiotherapy and kinetic activities for 10 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Sessions of Chiropractic Treatment (Chiropractic Treatment, Physiotherapy, and Kinetic Activities): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care not medically necessary. Recurrences/flare-ups Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Page 58-59 Page(s): 58-59.

Decision rationale: The claimant presented with ongoing pain the neck, shoulders and lower back despite previous treatments with medications, chiropractic, physical therapy, and aquatic therapy. Reviewed of the available medical records showed the claimant has had 6 chiropractic treatments, however, there is no evidences of objective functional improvement. The claimant continued to have persistent pain, no change in objective findings, and he remained on temporarily totally disabled. Based on the guidelines cited, the request for 10 additional sessions of chiropractic treatments is not medically necessary.