

Case Number:	CM15-0030146		
Date Assigned:	02/23/2015	Date of Injury:	04/09/2012
Decision Date:	04/08/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/18/2015

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 49-year-old male, who sustained an industrial injury on 4/9/2012. The diagnoses have included facet syndrome, subluxation and rotator cuff syndrome. Treatment to date has included left shoulder injections and chiropractic manipulation. According to the Primary Treating Physician's Progress Report dated 1/20/2015, the injured worker had a chief complaint of low back pain. He stated that his pain was slowly improving, but he continued to have pain in his midline region. He rated his pain as 4/10. The injured worker noted some relief with stretching and low back exercises. His second current complaint was shoulder pain in the left shoulder. Objective findings revealed mild pain to palpation of the lumbar region. Lumbar range of motion was decreased. Treatment plan included lumbar traction, spinal manipulation, flexion/distraction and cervical traction to be performed one time a week for four weeks. Authorization was requested for four chiropractic visits and one exam. On 1/26/2015, Utilization Review (UR) non-certified a request for four chiropractic treatments and one exam. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Chiropractic treatments and 1 exam: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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 low back pain despite previous 37 chiropractic treatments. Although medical records suggest that his pain is slowly improving, the treatments benefits appeared to be temporary. Based on the guidelines cited, the total number of chiropractic visits the claimant has had exceeded the guidelines recommendations. Therefore, the request for additional 4 chiropractic treatments and exam is not medically necessary.