

Case Number:	CM15-0055054		
Date Assigned:	03/30/2015	Date of Injury:	12/16/2013
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/23/2015

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, Oriental Medicine

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 58-year-old male, who sustained an industrial injury on 12/16/2013. The initial complaints or symptoms included neck shoulder and back pain after being hit/knocked down by a heavy metal container door. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, MRIs of the cervical spine and lumbar spine, and psychotherapy. Currently, the injured worker complains of ongoing neck and low back pain and bilateral shoulder pain. The diagnoses include cervical spine strain/sprain, thoracic spine strain/sprain, lumbosacral strain/sprain and bilateral shoulder strain/sprain. The treatment plan consisted of Chiropractic therapy with adjunctive physiotherapy and myofascial release, and MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the lumbar, thoracic, cervical and bilateral shoulders 1 time a week for 12 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 3/9/14 denied the request for additional Chiropractic care, 1x12 to the full spine and bilateral shoulders citing CAMTUS Chronic Treatment Guidelines. At the time of the 2/23/15 reevaluation, the patient had reportedly completed 8 Chiropractic visits with no submitted documentation reflecting functional improvement that would support continuing care of Chiropractic care 1x12. The UR determination to non-certify additional care 1x12 was appropriate given the reviewed medical records indicated that further care is not medically necessary given the absence of any reported functional gains with the initial 8 sessions of care.