

Case Number:	CM13-0062271		
Date Assigned:	12/30/2013	Date of Injury:	04/06/2010
Decision Date:	05/07/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/06/2013

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. The expert reviewer is licensed in Chiropractic and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 50-year-old male who was involved in a work injury on 4/6/2010. The claimant was referred to the office of [REDACTED]. This report indicated that the claimant underwent Chiropractic care without benefit. The claimant was then referred to a neurosurgeon who recommended surgery. The claimant opted to forgo surgery pending the outcome of an epidural injection. The epidural injection provided no benefit. The claimant still did not want to undergo surgery for his spine but was interested in surgery for the shoulder. At the time of the AME the claimant complained of low back pain radiating into the right lower extremity and constant right shoulder pain. [REDACTED] opined that further medical care should remain conservative in nature. There was not much to offer the patient. He has been through many conservative therapies without any successes and he is not a candidate for more aggressive approaches. He further opined that there is potential here for some element of progressive neurologic impairment to the point where surgery would be called for. On 11/26/2013, the claimant presented to the office of [REDACTED] complaining of increased pain in the right shoulder since the weather has gotten colder. The low back is flared up as well. He is requesting chiropractic treatment as he gets a lot of relief and can sit and stand for longer than 15 minutes after treatment. His lumbar ROM improved from flexion at 25° to 40°, and extension from 10° to 20°. The claimant was diagnosed with lumbar disc syndrome, cervical brachial syndrome from and right shoulder traumatic arthropathy. The recommendation was for 3 sessions of chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE (3 SESSIONS): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: The MTUS chronic pain treatment guidelines state that chiropractic care is recommended as an option. Therapeutic care should consist of a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The claimant presented to the provider's office complaining of a flareup of his chronic lower back complaints. The requested 3 treatments are consistent with this guideline. There has been documented evidence of functional improvement as is evidenced by increase in sitting and standing ability in addition to improvement in ranges of motion. Therefore, the medical necessity for the 3 chiropractic treatments submitted on 11/26/2013 was established.