MAXIMUS Federal Services

Case Number:	CM14-0132327		
Date Assigned:	08/22/2014	Date of Injury:	08/07/2006
Decision Date:	10/20/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/19/2014

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 Chiropractor care 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 66-year-old male who was involved in a work injury on 8/7/2006. The injury was described as the claimant fell resulting in a fracture of his shoulder. In 2007 the claimant injured his lower back when a "wall came off of a-frame and was pinned against trailer." The claimant was treated and ultimately discharged having achieved a permanent and stationary status. The claimant presented to the office of [redacted], on 3/10/2014. The claimant was diagnosed with cervicalgia, thoracic pain, late effects sprain/strain and degenerative joint disease. The recommendation was for a course of chiropractic treatment. The claimant was authorized 4 chiropractic treatments. The claimant received 4 treatments through 4/14/2014. At that time the claimant was noted "overall doing well but mild to moderate tweak today straining with load, has been much better overall and patient continues to be appreciative for care." The claimant noted pain levels of 3/10 on the visual analogue scale.On 7/11/2014 the claimant was evaluated by [redacted], for complaints of lower back, right shoulder, and neck pain. The claimant was diagnosed with lumbar sprain/strain with upper extremity radiculopathy, right shoulder sprain, cervical sprain/strain, and left shoulder arthroscopy 2001. The recommendation was for a course of chiropractic treatment at 2 times per week for 4 weeks. This was denied by peer review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy treatment to the lumbar spine and left shoulder for 8 sessions:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manipulation section Page(s): 58..

Decision rationale: The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." The requested 8 treatments exceed this guideline. The guideline would support a course of 6 treatments. However, the request is for 8 treatments and is in excess of the recommendation. The claimant underwent a course of 4 chiropractic treatments with [redacted] from 3/10/2014 through 4/14/2014 with overall improvement. This indicates that the past course of chiropractic treatment brought about improvement. The claimant presented to the office of [redacted] complaining of increased pain. Given the clinical findings a course of treatment could be considered appropriate. However, given that the requested 8 treatments exceed the 6 visit recommendation by MTUS guidelines, the request is not medically necessary.