

Case Number:	CM14-0161082		
Date Assigned:	10/06/2014	Date of Injury:	08/12/2011
Decision Date:	10/30/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/01/2014

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 a Licensed Chiropractor, has a subspecialty in Pediatric Chiropractic and is licensed to practice in California, Washington, and New Mexico. 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 injured worker is a 58 year old individual with an original date of injury of 8/12/11. The mechanism of this industrial injury was when the patient was descending a ladder. The step of the ladder broke and the patient fell backwards, tumbling onto a table and then onto the floor, injuring the left hand, left shoulder, neck and lower back. Diagnoses include left shoulder impingement, cervical disc protrusion, lumbar disc protrusion, lumbar radiculitis and left middle finger pain. The patient has also been treated medically with pain medications and steroid injections to the shoulder. At this time, the patient is temporarily totally disabled. It is not clear whether the injured worker has undergone chiropractic treatments prior to this request. The disputed issue is a request for 12 chiropractic treatments for the left shoulder, lumbar and cervical spines, with sessions 3 times a week for 4 weeks. An earlier Medical Utilization Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic three times a week for four weeks for the left shoulder, lumbar spine, and cervical spine: 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 Manual Therapy and Manipulations Page(s): 58-60.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. It remains unclear whether the patient has already received chiropractic treatments prior to this request. If there has been chiropractic treatment, there is insufficient documented objective, functional improvement to support additional treatment. Without additional information, the request is not supported. The request for 12 chiropractic treatments for the left shoulder, lumbar and cervical spines, with sessions 3 times a week for 4 weeks is not medically necessary and appropriate.