

Case Number:	CM14-0213929		
Date Assigned:	12/31/2014	Date of Injury:	05/29/2011
Decision Date:	03/03/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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:

According to the available medical records, this is a 30 year old male with chronic neck, upper back, and shoulder pain, date of injury is 05/29/2011. Previous treatments include medications, physical therapy, injections, chiropractic, and home exercise program. New patient consultation report dated 11/20/2014 by the treating doctor revealed patient with low back and shoulder pain, he was involved in a motor vehicle accident 2 weeks ago which increased his pain, but now, he is back to his usual self. Current complaints include low back, 2/10 up to 4/10 occurs about 1 time a week, mostly in the thoracolumbar junction, shoulder pain once or twice a month and last 1-2 days. He has been seeing a chiropractor about once a month. Exam of the shoulders and lumbar spine are within normal limits. Diagnoses include intermittent chronic low back pain and low grade sporadic right shoulder pain. The patient continued his current work with no restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulative: 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 Page(s): 58-59.

Decision rationale: The claimant presented with low back pain of 2-4/10 that occurs about once a week. The report noted a recent motor vehicle accident that increased his pain, but he is back to his normal now. The claimant is working full duties. Based on the guidelines cited above, there is no functional deficits, no flares-up that require chiropractic treatments. It is also noted that the claimant has been attending chiropractic treatment about once a month, which appear to be maintenance, and MTUS guidelines do not recommend chiropractic treatment for elective/maintenance care. Therefore, the request for chiropractic manipulation once in a while is not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for imaging -- Magnetic resonance imaging: - Thoracic spine trauma: with neurological deficit - Lumbar spine trauma: trauma, neurological deficit - Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit) - Uncomplicated low back pain, suspicion of cancer, infection, other "red flags" - Uncomplicated low back pain, with radiculopathy, after at least 1 mont

Decision rationale: The claimant presented with occasional low back pain with normal lumbar spine examination. There is no neurological deficit, no significant trauma, no suspicion of cancer, infection, or other "red flags", no radiculopathy, no history of lumbar surgery, no cauda equina syndrome, and no myelopathy. Based on the guidelines cited above, the request for lumbar MRI is not medically necessary.