

Case Number:	CM14-0218972		
Date Assigned:	01/09/2015	Date of Injury:	10/15/2014
Decision Date:	03/05/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/31/2014

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, 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 26-year-old male who sustained an industrial injury on October 15, 2014. He reported a metal door falling over him and resulting in pain in his left shoulder with difficulty moving the shoulder and the sound of a cracking noise with movement. The diagnoses at the time of the injury included shoulder contusion and interscapular back contusion. An x-ray at this time of injury showed no evidence of acute fracture. Treatment to date has included initiation of physical therapy and medication pain management. Currently at the physician's visit dated November 18, 2014, the injured worker complained of back pain that was slightly better but was keeping him from sleeping at night. Diagnoses at this visit included shoulder and back/interscapular contusion and thoracic spine sprain. Physical exam was remarkable for middle back and rib pain with signs of trauma to the spine. Treatment plan included medication management, physical therapy that started on the day of this visit and routine monitoring. On December 5, 2014, Utilization Review non-certified a request for twelve sessions of chiropractic treatment, noting the request was for an initial request for chiropractic therapy and the documentations should include objective functional deficits and functional goals for an initial trail of six visits. The worker was also receiving physical therapy and the decision stated that it would be appropriate to await results of such therapy sessions and to re-assess the patient for the need for further therapy. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On December 31, 2014, the injured worker submitted an application for IMR for review of 12 sessions of chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Chiropractic treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

Decision rationale: Patient has not had prior chiropractic treatments. Provider requested initial trial of 12 chiropractic treatment which was non-certified by the utilization review. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 Chiropractic visits are not medically necessary.