

Case Number:	CM15-0170061		
Date Assigned:	09/10/2015	Date of Injury:	07/29/2013
Decision Date:	10/13/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/28/2015

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: Chiropractic

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 31 year old male who sustained an industrial injury on 7-29-13. The injured worker reported right shoulder and low back pain. A review of the medical records indicates that the injured worker is undergoing treatments for right shoulder bursitis and impingement, thoracic sprain-strain, T8-9 protrusion, right shoulder labral tear, right shoulder acromioclavicular osteoarthropathy, protrusion L4-5 and L5-S1 with bilateral foraminal stenosis. Medical records dated 7-21-15 indicate right shoulder pain rated at 7 out of 10. Medical records dated 7-21-15 indicate low back pain rated at 5 out of 10. Records indicate worsening of the injured workers activities of daily living. Provider documentation dated 7-21-15 noted the work status as temporary totally disabled. Treatment has included cyclobenzaprine since at least 2-3-15, Tramadol extended release since at least 2-3-15, Naproxen Sodium since at least 2-3-15, physical therapy, stretching, heat, home exercise program, proton pump inhibitor since at least 2-3-15, electromyography (7-21-15), Neurological evaluation (7-21-15), and a nerve conduction study (7-20-15) . Objective findings dated 7-21-15 were notable for acromioclavicular joint with tenderness, positive subacromial bursitis and impingement, tenderness and spasm to the paraspinals musculature, decreased range of motion, diminished sensation to the left L5 and S1 dermatomal distributions. The treating physician noted "Anticipate thorough review of toxicology results on follow up." The original utilization review (7-28-15) denied initial chiropractic treatment for lumbar spine, three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Chiropractic treatment for lumbar spine, three times a week for four weeks:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Manipulation.

Decision rationale: The patient has not received chiropractic care for his lumbar spine injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter recommend an initial trial of 6 sessions of chiropractic care over 2 weeks with up to 18 sessions with evidence of objective functional improvement. The patient suffers from disc protrusions at L4/L5 and L5/S1. The UR department has not modified the request to approve an initial trial of chiropractic care. The MTUS recommendations support an initial trial of chiropractic care for the lumbar spine up to 18 sessions. I find that the 12 initial chiropractic sessions requested to the lumbar spine to be medically necessary and appropriate.