

Case Number:	CM15-0066084		
Date Assigned:	04/13/2015	Date of Injury:	12/23/2011
Decision Date:	05/13/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/07/2015

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: 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 60 year old female who sustained an industrial injury on 12/23/11. The diagnoses have included lumbar degenerative disc disease (DDD), lumbar spinal stenosis, and pain in the shoulder, rotator cuff tear, and lumbago. Treatment to date has included medications, chiropractic with relief of pain, diagnostics, physical therapy and home exercise program (HEP). The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine, left shoulder and left knee. Currently, as per the physician progress note dated 3/16/15, the injured worker complains of increased low back pain with radiation to the legs. She also complains of left shoulder pain. The pain was rated 9/10 on pain scale without medications and 5/10 with medications. She also reported joint pain, muscle pain, muscle weakness and she complains of joint swelling and depression. Physical exam revealed left shoulder decreased range of motion and she ambulated with a wheeled walker with a slow gait. It was noted that she would like to get additional chiropractic treatments since her spinal surgery was delayed. The physician requested treatment included Chiropractic 6 sessions, 2 times a week for 3 weeks for the lumbar spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 6 sessions, 2x3 for the lumbar spine and left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of March 25, 2015 denied the request for Chiropractic care, 2x3 citing CAMTUS Chronic Treatment Guidelines. The 3/16/15 PR-2 reported the patient with increased shoulder and back complaints despite a prior course of manipulation. There was no evidence that prior care lead to any objective evidence of functional improvement. The reviewed medical records failed to support the medical necessity for further Chiropractic care or comply with the criteria for additional care per CAMTUS Chronic Treatment Guidelines. Therefore this request is not medically necessary.