

Case Number:	CM15-0067964		
Date Assigned:	04/15/2015	Date of Injury:	04/01/2009
Decision Date:	05/14/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/09/2015

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, Minnesota

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:

The injured worker is a 65 year old female, who sustained an industrial injury on April 1, 2009. The injured worker has been treated for neck, shoulder and low back complaints. The diagnoses have included chronic pain, cervical radiculopathy, right shoulder pain and cervical spine herniated nucleus pulposus. Treatment to date has included medications, radiological studies, chiropractic therapy, trigger point injections, cortisone injection, a home exercise program, lumbar fusion and left shoulder surgery. Current documentation dated March 9, 2015 notes that the injured worker reported worsening neck pain with radiation to the left shoulder and upper extremity. She also reported low back pain radiating down the bilateral lower extremities and left shoulder pain. The injured worker had received chiropractic therapy with a fifty percent improvement in pain and an increased level of function. Physical examination of the cervical spine revealed tenderness, spasms, myofascial trigger points and a limited range of motion due to pain. Lumbar spine examination revealed tenderness to palpation in the paravertebral area and a painful and decreased range of motion. A left shoulder examination showed constant pain and a decreased range of motion. The treating physician's plan of care included a request for chiropractic therapy one-two 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:

Chiropractic Therapy 1-2 weeks times 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested Chiropractic therapy 1-2 times per week for 4 weeks(4-8 visits). The request is not according to the above guidelines and therefore the treatment is not medically necessary.