

Case Number:	CM15-0072136		
Date Assigned:	04/22/2015	Date of Injury:	11/03/2010
Decision Date:	05/22/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/15/2015

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 was a 70-year-old male, who sustained an industrial injury, November 3, 2010. The injured worker previously received the following treatments physical therapy, psychiatric services, heat, ice, electrical stimulation, acupuncture, medications and chiropractic services. The injured worker was diagnosed with degeneration of the cervical spine, degeneration of the lumbar intervertebral disc, right shoulder pain and cervicalgia. According to progress note of March 30, 2015, the injured workers chief complaint was low back, neck and right upper extremity with severe pain and difficulty functioning. The injured worker was having difficulty with improving from the current functional level. The physical exam noted absent deep tendon reflexes of the right biceps. The cervical spine range of motion was normal except for flexion, which was limited due to pain. The right upper extremity had limited range of motion with shoulder extension and abduction. There was joint tenderness with palpation in the glenohumeral joint of the right upper extremity. The lumbar spine was positive for straight leg raise on the right. There was tenderness noted of the paraspinal muscles overlying the facet joints and S1 joint on both sides. The injured worker declined range of motion testing due to pain. The treatment plan included chiropractic services for the lumbar spine and right shoulder. The claimant identifies chiropractic as helpful but not curative. He has exhausted the 24-visit cap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x 3 Lumbar and Right Shoulder: 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 Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. The claimant has already exceeded the 24-visit maximum. In addition, the provider has not demonstrated functional improvement associated with chiropractic treatment. Therefore, further chiropractic visits are not medically necessary.