

Case Number:	CM15-0091018		
Date Assigned:	05/15/2015	Date of Injury:	01/17/2015
Decision Date:	06/16/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/11/2015

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 50 year old male, who sustained an industrial injury on 1/17/15. He reported a back, neck and right shoulder/arm injury. The injured worker was diagnosed as having cervical spine sprain/strain, right shoulder rotator cuff tendinitis/bursitis and lumbar spine sprain/strain with radicular complaints. Treatment to date has included physical therapy, oral medications and activity restrictions. Currently, the injured worker complains of intermittent moderate low back and right shoulder pain. He is currently working. Physical exam noted cervical spine tenderness to palpation about the trapezius musculature with restricted range of motion and muscle spasms, examination of right shoulder revealed tenderness to palpation of the trapezius musculature with restricted range of motion and supraspinatus weakness and positive impingement sign and exam of the lumbar spine revealed tenderness to palpation about the bilateral lumbar paravertebral musculature with muscle spasms. A request for authorization was made of chiropractic treatments, (MRI) magnetic resonance imaging of lumbar spine MRA of right shoulder and prescriptions for Naproxen, Omeprazole and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) chiropractic treatments 2 x a week for 4 weeks to lumbar spine as outpatient:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), www.odg-twc.com; Section: Shoulder (Acute & Chronic); www.odg-twc.com; Section Neck and Upper Back (Acute & Chronic).

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 requested 8 chiropractic visits / treatment 2 x a week for 4 weeks (instead of 6 treatments in 2 weeks) to the lumbar spine. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary.

Eight (8) chiropractic treatments 2 x a week for 4 weeks to right shoulder as outpatient:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), www.odg-twc.com; Section: Shoulder (Acute & Chronic); Manipulation Therapy; www.odg-twc.com; Section Neck and Upper Back (Acute & Chronic).

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 shoulder is not recommended. The doctor requested 8 chiropractic treatments 2x a week for 4 weeks to the right shoulder. The requested treatment is not according to the above guidelines and therefore the treatment is not medically necessary.

Eight (8) chiropractic treatments 2 x a week for 4 weeks to cervical spine as outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), www.odg-twc.com; Section: Shoulder (Acute & Chronic); www.odg-twc.com; Section Neck and Upper Back (Acute & Chronic).

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(and neck) 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 requested 8 chiropractic treatment 2 x a week for 4 weeks to the cervical spine. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary.