

Case Number:	CM14-0202551		
Date Assigned:	12/15/2014	Date of Injury:	05/29/2014
Decision Date:	12/16/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/03/2014

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:

This is a 35-year-old male with a date of industrial injury 5-29-2014. The medical records indicated the injured worker (IW) was treated for disorders of the bursae and tendons in the shoulder region, unspecified; and non-allopathic lesions of the cervical, thoracic, lumbar, sacral and head regions, not elsewhere classified. In the Doctor's First Report of Occupational Injury (10-6-14), the IW reported pain in the following areas along with pain ratings (# out of 10): low back (5), mid back (5), neck (5), left shoulder (9) and right shoulder (not reported). He also complained of headaches. On examination (10-6-14 notes), ranges of motion were normal in both shoulders. Reflexes were normal and symmetrical; pathological reflexes were absent. Muscle strength was normal at 5 out of 5 in all extremities. No weakness was noted and there were no focal neurological deficits. There was positive Kemp's test, positive C-spine compression, positive double leg raise, positive Minor's sign and negative Faber's. Treatments included physical therapy (18 visits for the neck and shoulder), chiropractic treatment, modified activity and medications (Naproxen, Tizanidine and Prilosec). The IW was on modified work status. The provider planned three chiropractic treatments weekly for three weeks, then an evaluation. A Request for Authorization was received for additional chiropractic care to the lumbar spine. The Utilization Review on 11-6-14 non-certified the request for additional chiropractic care to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG/Chiropractic treatment for neck or low back pain.

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 received chiropractic care for his lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. The number of sessions being requested has not been specified. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the additional chiropractic sessions requested to the lumbar spine not medically necessary or appropriate.