MAXIMUS Federal Services

Case Number:	CM13-0014173		
Date Assigned:	04/16/2014	Date of Injury:	03/21/2012
Decision Date:	05/20/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/20/2013

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. The expert reviewer is Licensed in Chiropractic, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 68 year old male who sustained injuries to his neck and shoulder on 3/21/2012 while lifting heavy boxes. The PTP is reporting that "The patient continues to have neck, shoulder and stomach pain. Sensation and weakness are reduced bilaterally in the hands." Patient is status post-surgical right shoulder. Patient has been treated with medications, psychotherapy, physical therapy, right shoulder injection and acupuncture. There are no MRI studies of the cervical spine or EMG/NCV studies in the records provided. Diagnoses assigned by the PTP are shoulder impingement, C5 radiculopathy and brachial neuritis or radiculitis. The PTP is requesting 12 chiropractic sessions to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 CHIROPRACTIC TREATMENT SESSIONS FOR THE CERVICAL SPINE, 3 TIMES A WEEK FOR 4 WEEKS, AS AN OUTPATIENT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANIPULATION AND MANUAL THERAPY SECTION Page(s): 58-60.

Decision rationale: This patient suffers from a chronic injury to his neck that occurred 2 years ago. There are 3 QME reports in the records provided. Two reports are psychology QMEs. The third is a urology QME. There is no chiropractic or QME (spine) records/reports in the materials provided for review. The absence of prior chiropractic records and no mention of prior chiropractic treatment indicate that the patient has not received any chiropractic care in the past The MTUS Chronic Pain Medical Treatment Guidelines and MTUS ODG Neck Chapter recommends a trial of manipulative therapy. Given that there has been no evidence of past chiropractic care and as indicated by MTUS I find that the request for a trial of 12 chiropractic sessions to be medically necessary and appropriate.