

Case Number:	CM13-0030099		
Date Assigned:	11/27/2013	Date of Injury:	10/01/2012
Decision Date:	01/27/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is a Licensed Chiropractor 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 55 year old female patient with chronic neck pain, date of injury 10/01/2012. Previous treatments include medication, injections, chiropractic, acupuncture and physiotherapy. Progress report dated 08/23/2013 by [REDACTED] revealed constant, moderate neck, upper back and bilateral shoulder pain exacerbate by repetitive use, intermittent, moderate leg pain, patient stated that all symptom improved with chiropractic care and acupuncture, moderate tenderness to palpation in cervical, thoracic, and both shoulders, positive orthopedics test, ROM slightly increased.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment with biofeedback and exercises one (1) time per week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation ACOEM Pain, Suffering and the Restoration of Function Chapter, ODG, Neck/Upper Back Chapter

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

Decision rationale: According to the doctor's first report dated 07/17/2013 by [REDACTED], this patient has had chiropractic treatment with biofeedback 2x a week for 4 weeks. The available medical records, however, did not include any reports for those visits as well as

documented any evidences of objective functional improvement. Based on the guidelines cited above, the request for chiropractic with biofeedback and exercises 1x a week for 6 weeks is NOT medically necessary

Acupuncture two (2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Review of medical records show that the patient has had acupuncture treatment since 07/17/2013. However, there is no report of objective functional improvement. Based on the guidelines cited above, additional acupuncture 2x a week for 6 weeks is NOT medically necessary.

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Review of the available medical records do not document any thoracic spine trauma or neurological deficit that require MRI studies for the thoracic spine. Based on ACOEM guidelines recommendation, the request for MRI of the thoracic spine is NOT medically necessary.

. MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation ODG's Indications for Imaging-MRI (magnetic resonance imaging) ODG, Neck & Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-180.

Decision rationale: Review of the medical records do not indicate any red flags or neurologic dysfunction, there is no evidence of nerve compromise in neurologic exam. Based on the guideline cited above, MRI for the cervical spine is NOT medically necessary

. MRI of the bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-indications for imaging, Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 208, 214.

Decision rationale: This patient current subjective and objective presentation does not present any red flags or surgical indication. Therefore, based on the guidelines cited above, MRI for the shoulders are NOT medically necessary.