

<b>Case Number:</b>	CM13-0043614		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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. 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 50 YO female with a date of injury of 06/04/2013. The listed diagnoses per report dated 09/03/2013 are: 1. Migraine 2. Myofascial pain (neck and left shoulder) 3. Cervicalgia According to report dated 09/03/2013 by [REDACTED], patient presents with neck and left shoulder pain. The patient describes pain as dull, sharp, aching and burning with radiating pain into left shoulder. The patient reports she is unable to read or do computer work due to neck discomfort. Moving chin to chest causes intense neck and left shoulder pain. Examination showed neck tenderness and left trapezius tenderness. The patient was noted to have several trigger points in the left trap ridge and left upper lateral cervical area. The patient reports pain at lateral rotation of neck to the left. Treater is requesting "ongoing PT (physical therapy) and chiropractor treatments".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ongoing Chiropractic care to the neck and shoulder QTY. 1.00: 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 Official Disability Guidelines (ODG)

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

**Decision rationale:** This patient presents with neck and left shoulder pain. The utilization review dated 10/09/2013 denied request stating "there cannot be an open window of "ongoing" sessions." In report dated 09/03/2013, treater states chiropractic management and physical therapy have been "effective" and requests "ongoing treatments". The report dated 11/08/2013 clarifies that chiropractic request is for 8 visits. The medical records show patient received 6 Chiropractic sessions with "effective" results as noted in reports 09/13/2013, 08/13/2013 and 07/17/2013. The MTUS for chiropractic "maintenance treatments" allow 1-2 visits every 4 months if return to work is accomplished. The current request exceeds 1-2 sessions per 4 months and the treater does not document whether or not return to work is being accomplished. The recommendation is for denial

**Physical Therapy to the neck and shoulder QTY: 12.00:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Physical medicine Page(s): 98-99.

**Decision rationale:** This patient presents with neck and left shoulder pain. The treater requests 12 physical therapy sessions as they have been effective in the past. Physical therapy progress reports indicate patient has received 23 physical therapy sessions with the last session received on 09/24/2013. For Physical medicine, MTUS recommends 9-10 sessions of therapy for myalgia/myositis type symptoms. This patient has Myofascial and cervicgia pain. The current request for 12 sessions exceeds what is recommended by MTUS guidelines. The recommendation is for denial