

Case Number:	CM13-0044301		
Date Assigned:	01/15/2014	Date of Injury:	10/15/2008
Decision Date:	03/25/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/28/2013

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 Care and is licensed to practice in Texas. 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 45-year-old female who reported an injury on 10/15/2008 with mechanism of injury being a cumulative trauma. The patient was noted to have undergone chiropractic treatments that were continuing on 01/10/2013 and the patient stated that she remained unchanged and continued to have bilateral radiculopathy. The clinical documentation to support the request indicated the patient's diagnosis was cervical and thoracic strain. Objectively, the patient had decreased range of motion of the cervical spine and had shoulder range of motion, but was unable to raise arms above 90 degrees in flexion or abduction. The patient was unable to flex her finger to her nose. The patient's complaints were neck, upper back, and upper arm pain. The request was made for chiropractic manipulation with myofascial release, trigger point, ultrasound, and exercise for 2 visits per week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic 2x3 Neck and Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines indicate manipulation is recommended for chronic pain if caused by musculoskeletal conditions. They however, do not address specifically the neck and the shoulder for manipulation. Official Disability Guidelines indicate for regional neck pain, the treatment is 9 visits over 8 weeks and for sprains and strain of the shoulder and upper arm to allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active, self-directed home therapy for 9 visits over 8 weeks. The clinical documentation submitted for review indicated the patient had previous chiropractic treatments. There was lack of documentation indicating the quantity of the previous treatments. The documentation of 01/14/2013, indicated that the patient had continuing chiropractic treatments and her symptoms and pain remained unchanged and she continued having bilateral radiculopathy as such, there was a lack of documentation of functional benefit with chiropractic care. Given the above and the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for chiropractic treatment 2 x 3 neck and bilateral shoulders is not medically necessary.