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| Case Number: | CM13-0045063 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 04/11/2012 |
| Decision Date: | 02/20/2014 | UR Denial Date: | 10/09/2013 |
| Priority: | Standard | Application Received: | 10/30/2013 |

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 Board Certified in Chiropractic and Acupuncture, 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 43 year old female who reported a work-related injury sustained on 4/11/12 due to repetitive motion. She was diagnosed with cervical/thoracic/lumbar spine strain, and bilateral shoulder strain. The patient had a history of chronic right cervical, trapezius, shoulder, and arm strain since 2008 with flare-ups. The x-rays showed mild spondylotic change at the cervical spine. An MRI of the cervical spine showed a disc bulge at C5-C6 and some mild scoliosis. There was no evidence of spinal or neural foraminal stenosis. An MRI of the right shoulder showed tendinopathy of the distal supraspinatus tendon, biceps tenosynovitis, and acromioclavicular degenerative arthritic-type changes with a 2mm spur forming along the undersurface of the AC joint. There was no evidence of neuropathy or radiculopathy of the cervical spine. Beginning 9/14/12, the patient was seen by an acupuncturist for a total of four visits; she didn't have any symptomatic or functional improvement. The patient had extensive treatment including acupuncture, chiropractic, a Lidocaine shot in the shoulder and medication. She was seen by the chiropractor for a total of 10 visits from 3/26/13 to 7/13/13. The patient has some subjective improvement with chiropractic, but functional improvement had come to a plateau. The functional capacity of sitting and driving was from 50-60 minutes, overhead work remained the same at 25 minutes per hour, and lifting and carrying was at 20-25 pounds. The reports from the chiropractor dated from July through September reveal that the patient has not received significant functional benefit with treatment. The patient continues to have pain and has to take medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

12-36 chiropractic treatments over the course of 12 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: Per the Occupational Medicine Practice Guidelines, "using cervical manipulation may be an option in patients with occupationally related neck pain or cervicogenic headache. . .there is insufficient evidence to support manipulation of patients with radiculopathy." Per the MTUS Chronic Pain Medical Treatment Guidelines, 4-6 treatments should produce an effect, and the maximum recommended duration of treatment should be eight weeks. "Care beyond 8 weeks may be indicated for certain chronic pain patients, in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. If Chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement with the first 6 treatments." The patient has had ten chiropractic treatments; the injury is approximately a year and half old. Per review of evidence, the patient had subjective improvement with treatment; however, due to lack of functional improvement, 12-36 chiropractic treatments over 12 weeks is not medically necessary.