

Case Number:	CM13-0065965		
Date Assigned:	01/03/2014	Date of Injury:	04/20/2011
Decision Date:	04/29/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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 Occupational Medicine 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 45 year old female who was injured on 11/04/2013. She complains of left shoulder pain. The mechanism of injury is unknown. Prior treatment history has included MRI, physical therapy, massage and acupuncture. 11/04/2013 Medications Include: Ambien 5 mg tablet SIG: Take 1 at bedtime Gabapentin 600 mg #90 SIG: Take 1 at bedtime Lisinopril 10 mg tablet SIG: 1 every morning Mentherm Gel SIG: Apply to affected area daily Norco 10-325 tablet SIG: Take 1 every 6-8 hours Tramadol Hcl ER 150 mg Capsule SIG: Take 1 twice daily Diagnostic studies reviewed include MRI of the cervical spine performed 10/01/2013 revealed no evidence of pathology. Pain clinic note dated 11/04/2013 documented the patient to have complaints of left shoulder pain. The patient rated the pain as 8/10 with zero being no pain and 10 having the worst pain possible. The pain is characterized as dull and sharp. It radiates to the left arm, left forearm, left wrist and left hand. The condition is associated with neck pain and numbness. Her medications are helping. Her pain level has increased since the last office visit. Objective findings on exam revealed the patient to be well-developed, well-nourished and in no distress. She was alert and oriented x3. The patient ambulated to the examination room without an assistive device. She was able to sit comfortably. Her cervical spine examination revealed no limitation in range of motion. Her left shoulder exam revealed tenderness to palpation noted in the L trapezius; sensory examination revealed light touch sensation decreased over C5, C6 dermatomes on the left side. The patient was diagnosed with cervicgia and lateral epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Chiropractic treatments for the cervical spine, as an outpatient (undetermined number of completed chiropractic treatments): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation [http://www. Acoempracguides.org/Cervical and Thoracics Spine](http://www.Acoempracguides.org/Cervical%20and%20Thoracics%20Spine)

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

Decision rationale: Manual therapy is recommended for chronic pain caused by musculoskeletal conditions with time to produce effect of 4-6 treatments. Chiropractic has apparently not been attempted in this individual with chronic neck pain. Cervical spine MRI in October 2013 was apparently normal. Other conservative treatment has failed. Therefore, manual therapy is reasonable, but authorization should be limited to 4-6 treatments to assess treatment efficacy prior to authorization of further visits. Thus, chiropractic treatment for 8 sessions is non-certified.