

Case Number:	CM13-0070633		
Date Assigned:	01/08/2014	Date of Injury:	04/27/2012
Decision Date:	07/08/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/24/2013

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 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 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 57 year old female who was injured on 04/27/2012 while being a driver at work. She was struck in the rear end by a passenger car. Prior treatment history has included epidural steroid injection on 12/05/2012 and 03/20/2013. She states she has benefited from cervical epidural steroid injections and they have helped with her upper extremity and neck symptoms. Diagnostic studies reviewed include cervical epidural steroid injection at C6-C7 dated 04/27/2013 and 03/20/2013. MRI of the left shoulder dated 07/11/2012 reveals a full thickness tear of the supraspinatus tendon, 1.1 cm wide x 0.9 cm AP, moderately sized intramuscular cyst noted in the supraspinatus. There is mild subscapularis tendinopathy with tiny interstitial split at lesser tuberosity insertion. There is mild degenerative appearance of the superior labrum. No labral tear seen. Moderate to advanced acromioclavicular joint arthrosis with mild inflammatory changes. EMG/NVC of lower extremities dated 05/20/2013 shows findings of left C6-7 radiculopathy and right carpal tunnel syndrome. Follow up report dated 08/15/2013 documented the patient to have complaints of neck pain, low back pain, left shoulder pain and right knee pain. Objective findings on exam included tenderness with spasm of the cervical spine and paraspinous/paravertebral area with range of motion of the cervical spine which is normal but with complaint of pain in all directions. Decreased sensation is noted and C6-C7 distribution is noted bilaterally. Progress report dated 08/21/2013 documented the patient with complaints of cervical, lumbar and left shoulder pain. Progress report dated 09/18/2013 documented the patient with complaints of lumbar pain with loss of range of motion and left shoulder pain with loss of range of motion. Diagnoses include cervical sprain/strain; cervical intervertebral disc disorder; and lumbosacral IVD displacement. Progress report dated 10/28/2013 documented the patient with complaints of left shoulder pain with loss of range of motion. Diagnoses include cervical strain/sprain; and cervical intervertebral disc disorder. Progress note dated 12/18/2013

documented the patient with complaints of lumbar pain and left shoulder pain and loss of range of motion. Objective findings on exam included palpitation on pain at lumbar spine, taut muscle/spasms, palmeris longus 3+. Diagnoses include cervical sprain/strain; cervical intervertebral disc disorder; lumbar sprain/strain; and lumbo sacral IVD displacement. Treatment plan is for additional chiropractic visits, quantity four.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 4 VISITS FOR THE NECK AND LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, regarding Manual therapy and manipulation, "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." In this case, the patient has had over 30 visits. Therefore, the request for four additional chiropractor treatment visits for the neck and low back is not medically necessary and appropriate.