

Case Number:	CM14-0014918		
Date Assigned:	02/28/2014	Date of Injury:	09/01/2013
Decision Date:	07/18/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 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 38 year old female with an injury date of 09/01/13. Based on the 01/02/14 progress report provided by [REDACTED], the patient complains of dull ache in the upper back, right shoulder blade, and radicular pain down the right arm. The patient's diagnoses include the following: 1.Cervicothoracic sprain/strain 2.Neuritis or radiculitis NOS 3.Shoulder upper arm sprain/strain 4.Elbow/forearm sprain/strain 5.Anxiety, generalized disorder 6.Sleep disturbance 7.Nervousness 8.Nausea 9.Constipation 10.Insomnia due to anxiety/chronic pain [REDACTED] is requesting for the following: 1.Trial session of acupuncture two times per week for four weeks to the right shoulder 2.Additional chiropractic treatment two times per week for four weeks to the right shoulder The utilization review determination being challenged is dated 01/14/14. [REDACTED] is the requesting provider, and he provided treatment reports from 11/11/13- 01/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL SESSION OF ACUPUNCTURE TWO TIMES PER WEEK FOR FOUR WEEKS TO THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 01/02/14 report by [REDACTED], the patient presents with dull ache in the upper back, right shoulder blade, and radicular pain down the right arm. The request is for a trial session of acupuncture two times per week for four weeks to the right shoulder. MTUS acupuncture guidelines recommend initial trial of 3-6 sessions of acupuncture. The current request for 8 total sessions exceeds initial trial of 3-6 trials recommended by MTUS. Additional treatments are recommended if the initial trial proves to be helpful in terms of functional improvement. The request is not medically necessary.

ADDITIONAL CHIROPRACTIC TREATMENT TWO TIMES PER WEEK FOR FOUR WEEKS TO THE RIGHT SHOULDER: Upheld

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

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

Decision rationale: According to the 01/02/14 report by [REDACTED], the patient presents with dull ache in the upper back, right shoulder blade, and radicular pain down the right arm. The request is for additional chiropractic treatment two times per week for four weeks to the right shoulder. Review of the reports do not specify the amount of any prior chiropractic sessions nor the time frame of when those sessions were provided. There is also no documentation of improvement. Without this information, one cannot consider additional treatments. While MTUS guidelines allow up to 18 sessions of chiropractic treatments following initial trial of 3-6, in this case, chiropractic therapy treatment history is not known. MTUS page 8 also requires that the treater to monitor the treatment progress to determine appropriate course of treatments. The request is not medically necessary.