

Case Number:	CM14-0150954		
Date Assigned:	09/26/2014	Date of Injury:	06/12/2000
Decision Date:	10/27/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/16/2014

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 Chiropractics 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:

According to the available medical records, this is a 62 year old female patient with chronic pain in the neck, upper back and bilateral arms, date of injury is 06/12/2000. Previous treatments include medications, TOS decompression surgery in 2002, physical therapy, aquatic therapy, chiropractic, acupuncture, cervical epidural injections, and home exercise programs. Doctor's first report dated 09/05/2014 by the treating doctor revealed patient with neck, upper back, bilateral arms and hand pain with intermittent numbness. Physical exam noted restrictive cervical, thoracic spine ROM, C4-7 tender to palpation, +3-4 tonicity, T4-8 tender to palpation, +2-3 tonicity. Diagnoses include cervical disc displacement, thoracic disc displacement, brachial neuritis, cervical segmental dysfunction and thoracic outlet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of chiropractic treatment including (initial exam, chiropractic manipulative therapy (CMT), ultrasound and electric stimulation):

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation/Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely.

Decision rationale: The patient presents with chronic neck, upper back and bilateral upper extremity pain. The available medical records did not document any recent flares up activities and functional deficits that require chiropractic and physiotherapy treatments. The request for 6 treatments also include therapeutic ultrasound which is not recommended by MTUS guidelines. Therefore, based on the guideline cited, it is not medically necessary.

Retrospective chiropractic treatment for 1 session: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation/Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely.

Decision rationale: For the same reason stated above, therapeutic ultrasound is not recommended by MTUS guideline and the available medical records lack documentation of any recent flare up of the patient chronic conditions. Therefore, it is not medically necessary.