

Case Number:	CM14-0154967		
Date Assigned:	09/24/2014	Date of Injury:	09/30/2012
Decision Date:	11/14/2014	UR Denial Date:	08/26/2014
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 licensed in Chiropractic 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 44 year old female with chronic neck and back pain and a 09/30/2012 date of injury. Previous treatments include medications, physical therapy, injection and home stretches. Progress report dated 08/16/2014 by the treating doctor revealed patient with constant right upper/middle back pain, 5/10, right shoulder pain 7/10 with motion, right upper arm and forearm constant pain 6/10 now minimal, constant neck pain 5/10, lower back pain 5/10 with motion. Physical exam noted cervical range of motion (ROM) reduced by 25% with right side pain, lumbar ROM reduced with pain, right shoulder ROM reduced by 50% in abduction and external rotation with pain, right trapezius and rhomboid tender to palpation, positive Soto Hall, positive Apprehension on the right shoulder, positive Kemps with pain. Diagnoses include thoracic and cervical strain, myofascitis, cervical disc, neuralgia and muscle spasm. Treatment plan include 12 chiropractic visits with physiotherapy. The patient returned to modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times per week times 3 weeks cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: The claimant present with ongoing neck and back pain that has not been improve with medications and physical therapy. While a trial of 6 chiropractic treatments over 2 weeks might be recommended by MTUS guideline, the current request for 12 chiropractic visits with physiotherapy exceeded the guideline recommendation. Without first achieving objective functional improvement with the initial 6 visits, it is not medically necessary.