

Case Number:	CM14-0158486		
Date Assigned:	10/02/2014	Date of Injury:	01/16/2013
Decision Date:	10/28/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/26/2014

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 Chiropractic, has a subspecialty in Pediatric 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:

The injured worker is a 43-year-old individual with an original date of injury of 1/16/13. The mechanism of this industrial injury occurred when the patient was dealing with a special needs student who assaulted the patient. An MRI on 12/28/13 noted a 1.5 mm central disc protrusion at C3-4, mild narrowing of the right neuroforamen at C4-5, mild stenosis and a 3 mm central posterior disc at C5-6 and a 2 mm broad-based posterior disc protrusion at C6-7. MRI of the right shoulder on 8/19/13 noted a partial tear of the supraspinatus tendon and associated mild degenerative changes to the AC joint. Diagnoses include cervical disc displacement, shoulder sprain, and ulnar nerve lesion. The patient has received physical therapy, but this was not helpful in relieving the patient's symptoms. The patient has also been treated medically with pain medications. The injured worker has undergone 18 approved chiropractic treatments. There is no indication of an at-home independent exercise program being utilized. The disputed issue is a request for 6 Additional Chiropractic Treatments, with Sessions 2 Times a Week for 3 Weeks. An earlier Medical Utilization Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Chiropractic Treatments, with Sessions 2 Times a Week for 3 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations Page(s): 58-60.

Decision rationale: The CA MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of six visits over 2 weeks, and up to 18 visits over 6-8 weeks, with evidence of objective, functional improvement. The patient has already received 18 chiropractic treatments, with insufficient documented objective, functional improvement to support additional treatment. The request is in excess of the Guidelines. The request for 6 additional chiropractic treatments, with sessions 2 times a week for 3 weeks, with sessions 2 times a week for 5 weeks is not medically necessary.