

Case Number:	CM14-0020845		
Date Assigned:	05/07/2014	Date of Injury:	08/17/2006
Decision Date:	07/09/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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 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 49 year old female who injured her neck and shoulders on 8/17/2006. Chief complaints per the primary treating physician (PTP) are stated as follows "the patient complains of pain in her left shoulder, mostly. On the pain person diagram she marks the location of her pain as being in her left side neck and shoulder region." The patient has been treated with medications, physical therapy and chiropractic care. Diagnoses assigned by the PTP are neck and bilateral shoulder pains. MRI studies are not present in the records provided. An EMG/NCV study of the upper extremities has resulted in a normal study. The PTP is requesting 8 additional chiropractic care sessions to the neck and bilateral shoulders. The UR has authorized 4 sessions of the 8 requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 2X PER WEEK FOR NECK AND SHOULDERS QUANTITY 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Records of prior chiropractic care were not submitted within the medical records provided for review. There are no records that document objective functional improvement to substantiate additional chiropractic care. The MTUS Chronic Pain Guidelines and the ODG recommend manipulation with objective functional improvement. Records provided do not show objective functional improvements with ongoing chiropractic treatments rendered. Therefore, the request is not medically necessary and appropriate.