

Case Number:	CM14-0027517		
Date Assigned:	06/13/2014	Date of Injury:	03/23/2011
Decision Date:	07/16/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/04/2014

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 a Licensed Chiropractor 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 claimant is a 49-year-old female who was involved in a work injury on 11/4/2011. According to a panel QME report dated 1/8/2013 from [REDACTED], the injury was described as the claimant "was participating in her yearly emergency training as a flight attendant for [REDACTED]. She was on an aircraft trying to open the cabin door when it jams. She was pushing on the door a 2nd time when she felt a sharp pain in her left scapular area. She continued with her training that day. Later she began to feel pain in her neck and left shoulder area." The claimant presented to the office of [REDACTED], on 11/10/2011 with complaints of shoulder pain. The claimant was diagnosed with cervical strain and left shoulder impingement. The claimant was referred for a course of physical therapy. At the time of the QME the claimant complained of intermittent neck pain at 3/10 and intermittent shoulder tenderness and tightness at 3/10. The claimant was diagnosed with cervical strain, cervical disc herniation, left shoulder impingement, and chronic myofascial pain syndrome. The determination was that the claimant was at maximum medical improvement with a 7% whole person impairment. With respect to future medical it was noted that the claimant "should be afforded future medical care for her cervical spine and left shoulder should she experience an exacerbation of her condition." This should include follow-up with her primary care physician, chiropractic or physical therapy. On 2/6/2014 the claimant was evaluated by [REDACTED] for complaints of increase low back pain over the "last few weeks." The claimant was diagnosed with lumbar disc herniation. The recommendation was for chiropractic treatment twice a week for 6 weeks. On 2/7/2014 [REDACTED] submitted an RFA for 12 chiropractic treatments and custom molded orthotics. This request was denied by peer review based on the absence of documented benefit from the previous course of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TWICE A WEEK FOR SIX WEEKS FOR THE LUMBAR SPINE:

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 manipulation section Page(s): 58.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 12 treatments exceed this guideline. The claimant presented with an exacerbation of her chronic back complaints. This guideline would support a course of 6 treatments. However, the requested 12 treatments exceed this guideline. Therefore, the request for chiropractic treatment twice a week for six weeks is not medically necessary and appropriate.