

Case Number:	CM14-0032574		
Date Assigned:	06/20/2014	Date of Injury:	02/20/2013
Decision Date:	07/22/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/14/2014

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:

The patient is a 60 year old female who was injured on 02/20/2013 due to a fall. Diagnostic studies reviewed include EMG/NCV of the lower extremities dated 12/11/2013 revealed a normal study of compound motor action potential of bilateral common peroneal, bilateral tibial, bilateral medial plantar and bilateral lateral plantar motor nerves. The patient also underwent a MRI of the left shoulder dated 12/13/2013 revealed acromioclavicular osteoarthritis, supraspinatus tendinitis, infraspinatus tendinitis, subscapular tendinitis, and bicipital tenosynovitis. He had an MRI of the cervical spine on 12/13/2013 as well which revealed spondylotic changes, C3-C4, moderate to severe bilateral neural foraminal narrowing. Bilateral exiting nerve root compromise. At C4-C5, C5-C6 and C6-C7, moderate to severe bilateral neural foraminal narrowing and bilateral exiting nerve root compromises. Progress report dated 01/28/2014 indicates the patient presented with severe pain and headaches with increased stiffness to the neck. On exam, the cervical spine revealed decreased range of motion of the cervical spine. There is slight decrease in sensation at C5-C6 region. Cervical spine range of motion revealed flexion at 10 degrees, extension at 50 degrees; bilateral rotation to 60 degrees; and lateral bending to 20 degrees bilaterally. Range of motion of the right shoulder revealed decreased motion on the left with flexion to 170 degrees; extension to 40 degrees; abduction to 160 degrees; adduction to 40 degrees; internal rotation to 50 degrees; and external rotation to 50 degrees. The lumbosacral spine revealed flexion to 40 degrees; extension to 15 degrees; left lateral bending to 15 degrees; and right lateral bending to 15 degrees. Diagnoses are cervical spine myoligamentous strain, left shoulder impingement syndrome; and lumbosacral spine myoligamentous strain. The treatment and plan included tramadol HCL ER 150 mg #45. It was noted that the patient was pending a pain management consultation. Prior utilization review dated 03/04/2014 states the request for Cervical additional chiropractic care 3 times a week

quantity 9.00 and Lumbar additional chiropractic care 3 times a week quantity 9.00 is not certified as the patient has had extensive chiropractic treatments and there is no objective evidence of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical additional chiropractic care 3 times a week quantity 9.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, page(s) 58-59 Page(s): 58-59.

Decision rationale: The patient's records do not document any specific functional improvement derived by treatment to date nor do the records specify any functional gains expected with continued future care. The decision for Chiropractic 9 Chiropractic visits 3x week for 3 weeks to the cervical spine is not medically necessary per the above captioned guidelines. The request is not medically necessary.

Lumbar additional chiropractic care 3 times a week quantity 9.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, page(s) 58-59 Page(s): 58-59.

Decision rationale: The patient's records do not document any specific functional improvement derived by treatment to date nor do the records specify any functional gains expected with continued future care. The decision for Chiropractic 9 visits, 3x week for 3 weeks to the lumbar spine is not medically necessary per the above captioned guidelines. The request is not medically necessary.