

Case Number:	CM14-0037932		
Date Assigned:	06/25/2014	Date of Injury:	07/26/2008
Decision Date:	07/28/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, 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:

This is a 31-year-old female who sustained a remote industrial injury on 07/26/08 diagnosed with shoulder pain, cervical pain, and spasm of muscle. The mechanism of injury is not provided. The request for chiropractic treatment six sessions, cervical spine/bilateral shoulders was non-certified at utilization review due to the lack of documentation concerning whether the patient has undergone chiropractic treatment in the past and if any functional benefit resulted. The most recent progress note provided is 01/31/14. The patient complains primarily of neck pain rated as a 7-8/10 and bilateral shoulder pain rated as a 6-7/10. The medications decrease these pain levels to a 5/10, allow for increased activity level including working full time, and cause constipation and gastrointestinal distress. The patient reports muscle pain, stiffness, heartburn, and sleep disturbance. Physical exam findings reveal range of motion of the cervical spine is restricted; tenderness and tight muscle band on both sides of the cervical paraspinal muscles; tenderness at the trapezius; diminished biceps, triceps, and brachioradialis reflexes; restricted range of motion of bilateral shoulders; Crank's test is positive; tenderness in the right coracoid process; tenderness in the left acromioclavicular joint and subdeltoid bursa; Phalen's and Tinel's sign is positive in the left wrist; elbow flexor is 5-/5 on the right; shoulder flexor/abduction is 5/5 on the right; shoulder external rotation is 4/5 on both sides; and light touch sensation is decreased over the thumb, medial forearm, and lateral forearm on the left side. The current medications include: Ultram, Skelaxin, Neurontin, Celebrex, and Colace. The treating physician is requesting consultation for a left shoulder evaluation, a psychological consultation, and chiropractic care for the cervical spine and bilateral shoulders. It is noted that the patient prefers conservative treatment. The provided documents include several previous utilization reviews and progress reports. The patient's previous treatments include shoulder injections, shoulder surgery, medications, a transcutaneous electrical nerve stimulation (TENS) unit trial, trigger point

injections, and other unspecified forms of conservative treatment. Imaging studies are not provided but MRI (magnetic resonance imaging) of the cervical spine, right shoulder, and left shoulder are referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT TIMES SIX SESSIONS, CERVICAL SPINE/ BILATERAL SHOULDER PER REPORT DATED 1/31/2014, QTY: 6:00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The CA MTUS guidelines recommend an initial maximum duration of eight weeks of chiropractic sessions with the option of more sessions with evidence of objective functional benefit. Considering the patient's date of injury of 07/26/08, it is reasonable to assume the patient has received chiropractic treatment in the past. However, the provided documentation does not include any notes regarding the existence or nonexistence of such treatment. With the lack of documentation of either having/not having previous chiropractic sessions and evidence of functional benefit as a result of any sessions, the request for chiropractic treatment times six sessions, for the shoulders and neck cannot be supported as medically necessary. As such, the recommendation is non-certification.