

Case Number:	CM14-0052838		
Date Assigned:	07/07/2014	Date of Injury:	09/06/2007
Decision Date:	08/06/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/21/2014

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 51-year-old male who was involved in a work injury on 9/6/2007. The injury was described as a repetitive trauma injury to her neck and left shoulder while employed as a dispatcher for the [REDACTED]. The claimant has an extensive treatment including medical management and physical therapy. On 3/12/2014 the claimant was evaluated by [REDACTED] for complaints of constant neck pain with pain radiating to the left and left shoulder pain. The claimant was diagnosed with cervicalgia and shoulder pain. The recommendation was for continued chiropractic treatment at 2 times per week for 4 weeks for the shoulder and cervical spine. This request was denied by peer review on 4/2/2014 based on the absence of documentation of functional improvement from the previous chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic treatments for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back (acute & chronic).

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. In order for additional treatment to be considered appropriate there must be evidence of objective functional improvement." In this case, there was no documentation indicating any functional improvement as a result of the previous course of chiropractic treatment. There were no chiropractic records indicating the amount of treatment rendered this claimant prior to this request and the response to that treatment. Therefore, the request for 8 treatments for the cervical spine is not medically necessary and appropriate.

8 Chiropractic treatments left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder (acute & chronic), chiropractic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), web-based version, shoulder chapter, manipulation section.

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. In order for additional treatment to be considered appropriate there must be evidence of objective functional improvement." In this case, there was no documentation indicating any functional improvement as a result of the previous course of chiropractic treatment. There were no chiropractic records indicating the amount of treatment rendered this claimant prior to this request and the response to that treatment. Therefore, the request for 8 treatments for the cervical spine is not medically necessary and appropriate.