

Case Number:	CM14-0125166		
Date Assigned:	09/24/2014	Date of Injury:	07/10/2013
Decision Date:	01/30/2015	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/07/2014

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 therapy, 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:

According to the available medical records, this is a 48 year old male with chronic neck pain, date of injury is 7/10/2013. Previous treatments include medications, chiropractic, physical therapy, acupuncture. Initial evaluation dated 05/20/2014 by the treating chiropractic doctor revealed patient with complains of constant mild 3/10 headache becoming moderate 7/10 with dizziness, frequent mild to moderate dull, achy neck pain, stiffness, heaviness, and weakness radiating to right upper trapezius muscle with numbness, tingling and weakness, frequent mild to moderate upper/mid back pain, associated with movement, frequent moderate to severe dull, achy low back pain, stiffness, and heaviness radiating to the bilateral anterior lower extremities with numbness, tingling and weakness, frequent moderate dull, achy right shoulder pain, stiffness, and heaviness radiating to right upper trapezius muscle with numbness, tingling, weakness, and cramping. Objective findings include weakness on right grip strength, dermatome sensation decreased in anterior thighs bilaterally, positive Rhomberg's, +3 tenderness to palpation of the cervical paravertebral muscles and bilateral trapezii, muscle spasm of the cervical paravertebral muscles, cervical ROM decreased and painful, positive shoulder depression bilaterally, cervical compression and cervical distraction causes pain, +3 tenderness to palpation of the thoracic paravertebral muscles and bilateral trapezii, paravertebral muscles spasm, thoracic Rom decreased and painful, positive Kemp's bilaterally, +3 tenderness to palpation of the lumbar paravertebral muscles and spasm, lumbar ROM decreased and painful, Kemp's causes pain bilaterally, sitting SLR causes pain bilaterally, right shoulder ROM decreased and painful, supraspinatus press causes pain. Diagnoses include concussion with loss of consciousness, headache, cervical sp/st, muscle spasm, thoracic sp/st, lumbar sp/st, right shoulder sp/st, loss of sleep. Treatment plan include chiropractic with physiotherapy and kinetic activities, 2-3x per week for 6 weeks. The patient is not working. QME report dated 06/09/2014

revealed the patient is permanent and stationary, and that maximal medical improvement has been achieved. Progress report dated 7/03/2014 by the treating chiropractic doctor revealed patient with constant moderate throbbing headache, frequent severe stabbing, throbbing neck pain, stiffness, heaviness, and weakness, frequent severe throbbing upper/mid back pain, stiffness, and weakness, frequent severe stabbing throbbing low back pain, stiffness, heaviness, weakness, and cramping, frequent moderate sharp, stabbing, throbbing right shoulder pain, stiffness, heaviness, weakness, and cramping radiating to biceps with weakness and cramping. Objective findings include cervical ROM decreased and painful, +3 tenderness to palpation of the cervical paravertebral muscles and bilateral trapezii, shoulder depression causes pain bilaterally, thoracic ROM decreased and painful, +3 tenderness to palpation of the paravertebral muscles, Kemp's cause pain bilaterally, lumbar ROM decreased and painful, +3 tenderness to palpation of the lumbar paravertebral muscles, Kemp's causes pain bilaterally, right shoulder ROM decreased and painful, +3 tenderness to palpation, supraspinatus press cause pain. The patient is noted to have completed 18 chiropractic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2-3 times 6 weeks for the cervical spine with re-evaluation 2-3:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The claimant presented with ongoing pain in the neck, upper back, low back, and right shoulder despite previous treatments with medications, physical therapy, acupuncture, and chiropractic. Reviewed of the available medical records showed the claimant has had 12 chiropractic treatments from 01/22/2014 to 03/19/2014, there is no treatment records and treatment outcomes report. The claimant completed an additional 18 chiropractic sessions from 05/20/2014 to 07/03/2014 with no evidences of objective functional improvement, objective findings on 05/20/2014 and 07/03/2014 are essentially identical. Based on the evidences based guidelines cited, the request for additional chiropractic treatments is not medically necessary.