

Case Number:	CM14-0151655		
Date Assigned:	09/19/2014	Date of Injury:	05/29/2013
Decision Date:	01/06/2015	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/17/2014

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 37 year old male who sustained cumulative trauma injuries to his neck, lower back, left wrist and left shoulder on 5/29/2013 while performing his duties as a custodian. Per the primary treating physician's progress report the patient complains of "neck and left shoulder pain as a 5 on a scale of 1-10. He describes as well a decrease in the radicular component into and down his left upper extremity, coursing the medial aspect of his left forearm, wrist and hand." The patient has been treated with medications chiropractic care and physical therapy. The MRI study of the cervical spine has demonstrated 2 mm central posterior disc protrusion at C6-7 and a 2mm broad based disc protrusion/osteophyte complex at C5-6. The diagnoses assigned by the primary treating physician are left shoulder sprain/strain, cervical sprain/strain and cervical subluxation. An EMG/NCV study of the upper extremities has been negative for cervical radiculopathy, plexopathy or peripheral neuropathy. The physician is requesting 4 chiropractic modalities/therapeutic exercises to the cervical spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic modalities/therapeutic exercises 2 x 2 (4) for the neck and left shoulder:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Chiropractic Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back and Shoulder Chapters, Manipulation Section

Decision rationale: The patient has received 6 sessions of chiropractic care per the records provided for this injury. The progress reports provided from the treating physician clearly show objective functional improvement as defined by MTUS. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." MTUS Chronic Pain Medical Treatment Guidelines page 58-60 and MTUS Official Disability Guidelines, Chiropractic Guidelines Neck and Low Back and Shoulder Chapters recommend manipulation with evidence of objective functional improvement 18 visits over 6-8 weeks. The MTUS Official Disability Guidelines Neck & Upper Back Chapter recommends for "flare-ups/recurrences need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months" with evidence of functional improvement. There has been objective functional improvement with the rendered chiropractic care in the cervical spine and left shoulder. Pain levels have decreased; range of motion has been improved in the neck and left shoulder. Therefore, the 4 chiropractic sessions requested to the neck and left shoulder are medically necessary and appropriate.