

Case Number:	CM14-0163294		
Date Assigned:	10/08/2014	Date of Injury:	10/26/2005
Decision Date:	01/27/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/03/2014

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 Chiropractor (DC), has a subspecialty in Acupuncture 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 woman sustained an industrial injury on 10/26/2005. The mechanism of injury was not detailed in the documents provided. Current diagnoses include discogenic cervical condition with radicular component down the upper extremities, impingement syndrome of the right shoulder, and carpal tunnel syndrome on the right. Evaluations include electromyography twice, in 2008 results showed no radiculopathy, x-rays of the shoulder on 9/8/14 which showed some osteophytic changes along the superior aspect of the clavicle. Treatment has included oral and topical medications, a brace, application of heat and cold, cervical traction, decompression labral repair and distal clavicle excision of the shoulder. Orthopedic notes from 9/8/2014, state that there is tenderness along the cervical paraspinal muscles, trapezius, shoulder girdles, right shoulder rotator cuff and bicep tendon. There is mild weakness against resistance with shoulder abduction, mild positive impingement and Hawkin's sign, and wrist pain on CMC and first extensor. It is noted that the worker is not currently able to work. On 9/18/2014, Utilization Review evaluated a prescription for chiropractic treatment to the cervical spine, shoulder and wrist 2x/week for 6 weeks. The UR physician noted that there was no prior chiropractic treatment documented. The request was denied as presented, and a modified determination was reached. The decision was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x week x 6 weeks Cervical Spine, Shoulder, Wrist: 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 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 and Chronic, Manipulation).

Decision rationale: Regarding manipulation for cervical spine complaints, ACOEM Guidelines states using cervical manipulation may be an option for patients with occupationally related neck or cervicogenic headache. There is insufficient evidence to support manipulation of patients with cervical radiculopathy. However, the guidelines make no recommendation on the chiropractic treatment frequency. Therefore an alternative guideline was consulted. The patient was diagnosed with discogenic cervical condition with radicular component in the progress report dated 9/8/2014. The Official Disability guideline recommends 6 initial visits and with evidence of objective functional improvement a totally of 18 visits over 6-8 weeks is recommended for cervical root compression with radiculopathy. The patient was authorized 6 visits out of the 12 requested which is within the guidelines. There was no documentation of functional improvement from the initial 6 sessions. Therefore additional chiropractic session beyond the initial 6 sessions is not medically necessary. The provider's request for 12 chiropractic sessions is not medically necessary at this time.