

Case Number:	CM14-0190715		
Date Assigned:	11/24/2014	Date of Injury:	11/25/2013
Decision Date:	01/09/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/14/2014

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 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 47 year old female reportedly sustained a work related injury on November 25, 2013 resulting in injury to cervical spine and left shoulder. Diagnoses include degenerative joint disease (DJD) and degenerative disc disease (DDD) of the cervical spine, cervical spine strain radiculopathy and left rotator cuff tendonitis with impingement and adhesive capsulitis. Magnetic resonance imaging (MRI) of cervical spine is dated November 1, 2014 and revealed disc herniation, stenosis, disc desiccation, degenerative changes and reversal of the normal cervical lordosis. The record documents 11 treatments of chiropractic with electrical stimulation but did not provide results. Primary treating physician dated August 11, 2014 noted the injured worker to have difficulty sleeping and using muscle relaxant to help. It is also noted acupuncture effective for pain control. Physical exam revealed tenderness of the neck and shoulder. Work status is temporary total disability (TTD). Progress report dated November 11, 2014 provides the injured worker has muscle spasms with pain and tenderness of the cervical area and left shoulder. Recommendation is for chiropractic 2 X 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of chirotherapy for the cervical spine and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 12 chiropractic sessions for lumbar spine and shoulder. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 12 Chiropractic visits are not medically necessary.