

Case Number:	CM14-0199297		
Date Assigned:	12/09/2014	Date of Injury:	08/03/2009
Decision Date:	01/22/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/26/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 case involves a 47 year old female was injured on 08/03/2009. The office visit of 05/15/2014, noted she complained of neck and bilateral scapular region pain. Her physical exam was noted as follows: Moderate tenderness and spasm in the bilateral paracervical musculature; bilateral trapezius musculature and bilateral rhomboid musculature; decreased range of motion of the cervical spine; near full range of motion of the left shoulder, but with pain at end of movement; and right upper extremity had decreased sensation and numbness along the C5 through C7 dermatomal pattern. Diagnoses include myofascial pain syndrome, cervical sprain/strain, disc protrusion at C4-C5 and C5-C6, per MRI; carpal tunnel syndrome; status post left shoulder arthroscopy; and insomnia secondary to chronic pain. Treatments have included acupuncture, TENS unit, chiropractic care (She had some chiropractic care in 2009, some in 2013, and six in the spring of 2014). The chiropractic care is reported to have been helpful; however, the outcome of another six visits from 10/15/14 was not documented in the reports reviewed. The other treatments have included Baclofen, Norco 10/325 three times a day, Ambien 5mg as needed, Narcosoft as needed, and Gabapentin 600mg every hour of sleep. At dispute is the request for 12 additional chiropractic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro/myofacial release 3 x 4 cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

Decision rationale: The medical records provided for review do not indicate a medical necessity for Chiro/myofascial release 3 x 4 for the cervical spine. The MTUS recommends a trial of 6 visits over 2 weeks, and to continue for a total of 18 visits over 6-8 weeks, if there is evidence of objective functional improvement. The MTUS recommends against maintenance or elective treatment, but recommends 1-2 visits every 4-6 months, if there is a flare up or recurrences. The records indicate the injured worker has been receiving chiropractic care since 2009, and had a total of 12 visits in 2014. Therefore, the additional request is not medically necessary and appropriate.