

Case Number:	CM14-0207229		
Date Assigned:	12/19/2014	Date of Injury:	03/23/2006
Decision Date:	02/13/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/10/2014

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 Chiropractor (DC) 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 60 year old female patient with chronic neck pain, date of injury is 03/23/2006. Previous treatments include medications, TENS unit, home neck traction, home exercises, chiropractic, and physical therapy. Progress report dated 10/09/2014 by the treating doctor revealed patient has completed 6 sessions of chiropractic and feels that her condition is about 30% improved, the patient is currently using a TENS unit with benefit, and pain medication help reduce her pain and spasm by 50%. Objective findings revealed tenderness to palpation overlying the left shoulder with positive impingement signs, slight tenderness to palpation in the cervical spine and left cervical paraspinal region with some slight spasm, cervical ROM is moderately reduced in all planes, slight-to-moderate tenderness to palpation in the upper thoracic spine and left thoracic paraspinal region, slight tenderness to palpation in the lower lumbar spine with some slight tenderness in the lower left lumbar paraspinal region, sensation to light touch was slightly reduced diffusely throughout the left upper extremity compared to the right. Assessment include chronic cervicgia, cervical DDD, left shoulder impingement syndrome, chronic back pain, myofascial pain of neck and back, cervicogenic headaches, possible left upper extremity brachial plexopathy, left knee chondromalacia patella, left ankle sprain, left elbow and wrist sprains, left rotator cuff and labral tears.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Chiropractic Treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chiropractic treatment for neck or low back

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

Decision rationale: The claimant present with ongoing neck and back pain despite previous treatments with medications, physical therapy, TENS, chiropractic, and home exercises. The claimant recently completed 6 chiropractic treatments with report of 30% improvement. However, reviewed of the treating doctor progress report noted no changed in objective findings and no reduction of pain medications, as recommended by the guidelines. Based on the guidelines cited, the request for additional 6 chiropractic treatments is not medically necessary.