

Case Number:	CM14-0050515		
Date Assigned:	06/25/2014	Date of Injury:	03/05/2012
Decision Date:	12/09/2015	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 injured worker is a 55 year old female, who sustained an industrial injury on 3-5-12. Medical records indicate that the injured worker is undergoing treatment for right shoulder pain, neck pain, cervical sprain-strain, bilateral cervical radiculitis, thoracic sprain-strain, lumbar sprain-strain, lumbar radiculitis, lower extremity lumbar radiculopathy, right shoulder sprain and reactive depression. The injured workers current work status was not indicated. On (2-12-14) the injured worker complained of significant right shoulder pain with restricted movement, neck pain and residual low back pain. Examination of the cervical spine revealed a decreased range of motion. Tenderness was noted over the splenius cervicis, splenius capitis and upper trapezius muscles. Range of motion of the bilateral shoulders was full. A Hawkins's test was positive on the left. The treating physician recommended chiropractic treatments, which were noted to be very helpful in the past. Treatment and evaluation to date has included medications, MRI of the neck and shoulder, electromyography-nerve conduction study and chiropractic treatments (amount unspecified). Current medications include Tylenol ES. The current treatment request is for outpatient chiropractic therapy for the cervical spine, 2 times a week for 3 weeks # 6. The Utilization Review documentation dated 3-14-14 non-certified the request for outpatient chiropractic therapy for the cervical spine, 2 times a week for 3 weeks # 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chiropractic therapy for the cervical spine, 2 times a week for 3 weeks, QTY: 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. In this case, there is decreased range of motion and neck pain. Although there are separate request for chiropractor therapy for other body regions, the request for the cervical region is medically necessary and appropriate and the amount requested is within the guidelines.