

Case Number:	CM15-0002257		
Date Assigned:	01/13/2015	Date of Injury:	06/01/2014
Decision Date:	03/12/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/06/2015

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: 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 52 year old male who sustained an industrial injury on June 1, 2014. He has reported pain in the neck, shoulders, and chest and has been diagnosed with cervical thoracic strain, cervical disc herniation, neuralgia, and brachial neuralgia/muscle spasms. Treatment to date has included physical therapy and chiropractic therapy. Currently the injured worker complains of pain in the neck, upper back, and left shoulder. The treatment plan included chiropractic therapy, massage appointments, and pain management with injections. On December 30, 2014 Utilization Review modified chiropractic therapy 12 visits upper extremities and non certified pain management and massage therapy 6 visits upper extremities noting the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 12 visits upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chiropractic treatment of upper extremity conditions: a systematic review. A McHardy, et al; J Manipulative Physiol Ther. 2008 Feb;31(2):146-59. doi: 10.1016/j.jmpt.2007.12.004.

Decision rationale: This injured worker's date of injury is 06/01/2014. The patient has chronic neck strain and muscle spasms, upper back and shoulder pain. The patient has received physical therapy and chiropractic treatments. This review covers the treating physician's request for chiropractic treatment of the upper extremities. A medical review article by McHardy looked at 64 published papers addressing chiropractic of the upper extremities. The clinical studies are not prospective or controlled studies, but rather case studies of axial and limb treatments. These 64 studies do not provide a substantiation for effectiveness in treating upper extremity pain with chiropractic. Twelve sessions of chiropractic for the upper extremities is not medically indicated.

Pain management (injection) and massage therapy 6 visits upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 64.

Decision rationale: This injured worker's date of injury is 06/01/2014. The patient has chronic neck strain and muscle spasms, upper back and shoulder pain. The patient has received physical therapy and chiropractic treatments. Massage therapy treatment should be an adjunct to other recommended treatments (e.g. exercise), and it should be limited to 4-6 visits in most cases. Pain management (injection) is another request within this request; however, this portion of the request is vague and incomplete. "Injection" can be interpreted in a number of ways: trigger point injection, intra-articular, or epidural steroid injection, for example. Typically, pain management referral is limited to those patient who have exhausted other, less invasive treatment modalities first. The documentation does not make clear that this has been reached. The request for massage therapy is not medically indicated. The request for pain management (injection) is not medically indicated. MTUS Chronic pain programs, pages 30-33.