

Case Number:	CM15-0004743		
Date Assigned:	01/16/2015	Date of Injury:	10/01/2007
Decision Date:	03/16/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/09/2015

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: Chiropractor

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 37 year old female, who sustained an industrial injury on 10/01/2007. She has reported subsequent neck and right shoulder pain and was diagnosed with right shoulder impingement syndrome, degenerative disc disease of the cervical spine and right upper extremity cervical radiculopathy. Treatment to date has included oral pain medication, cortisone injections, traction and one session of physical therapy. In a progress note dated 11/24/2014, the treating physician reports constant moderate cervical pain causing swelling, clicking, locking, tingling, popping, grinding, stiffness and tenderness. The pain was rated as a 9-10/10 and was noted to have worsened. The injured worker reported that medications and massage did help to reduce symptoms. Objective physical examination findings of the neck showed tenderness to palpation of the paracervical, levator scapulae and trapezius muscles and positive levator scapulae and trapezius muscle spasm and the physician requested 12 sessions of chiropractic therapy of the neck with deep massage. On 12/22/2014, Utilization Review partially certified a request for chiropractic therapy, modifying the request for chiropractic therapy 2 visits per week with deep massage, neck x 6 weeks to 6 chiropractic treatment sessions of the neck noting that the request exceeded guidelines for an initial trial of chiropractic therapy. MTUS Chronic Pain Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2x6 with Deep Massage, Neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or eff.

Decision rationale: The claimant presented with constant moderate neck pain that resulted from an injury in 2007. Reviewed of the available medical records showed no previous chiropractic treatments. While MTUS guidelines might recommend a trial of 6 chiropractic treatments over 2 weeks, with evidences of objective functional improvement, total up to 18 visits in 6-8 weeks; the request for 12 chiropractic treatments exceeded the guidelines recommendation. Therefore, without first demonstrating objective functional improvement with the 6 trial visits, the request for 12 visits is not medically necessary.