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| Case Number: | CM15-0016409 | | |
| Date Assigned: | 02/04/2015 | Date of Injury: | 07/06/2011 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 01/20/2015 |
| Priority: | Standard | Application Received: | 01/28/2015 |

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, Oriental Medicine

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 57 year old male, who sustained an industrial injury on 2/17/06. He reported neck pain, shoulder pain, neck pain, and arm pain. The injured worker was diagnosed as having cervical discopathy and right shoulder impingement rule out rotator cuff tear. Treatment to date has included physiotherapy including cervical decompression, interferential therapy, kinetic activity, intersegmental traction, and cryotherapy in addition to spinal adjustments. An x-ray performed on 8/18/14 was noted to have revealed degenerative vertebral changes at C3-5 with biomechanical improprieties at C5-6 and T2-3. Electromyogram and nerve conduction velocity studies done on 8/13/12 were noted to be normal. A MRI performed on 8/13/12 revealed right C3-4 and right C4-5 neural foraminal narrowing, and a 2mm right paracentral protrusion/osteophyte. Currently, the injured worker complains of neck pain that radiates to the right upper extremity with numbness and tingling. Right shoulder pain was also noted. The treating physician requested authorization for chiropractic treatments for the cervical spine x18 sessions to include: adjustment 1-2 regions, decompression, electrical stimulation, and traction and kinetic activities 3x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments for the cervical spine x 18 sessions to include: Adjustment 1-2 regions, decompression, electrical stimulation, traction and kenetic activities 3 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 173-174 and 181, Chronic Pain Treatment Guidelines Manual therapy & manipulation, Interferential current stimulation Page(s): s 58-60 and 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): s 58-59.

Decision rationale: The injured worker is a 57 year old male, who sustained an industrial injury on 2/17/06. He reported neck pain, shoulder pain, neck pain, and arm pain. The injured worker was diagnosed as having cervical discopathy and right shoulder impingement rule out rotator cuff tear. The patient completed 24 Chiropractic visits prior to his report of increased symptoms on 1/9/15 interpreted as a flare/exacerbation of cervical discopathy. The UR determination of 1/120/15 denied the request for an additional 18 sessions of Chiropractic care citing CAMTUS Chronic Treatment Guidelines. The reviewed records did not support the medical necessity for additional Chiropractic care by documenting objective clinical evidence of functional improvement following the prior application of 24 Chiropractic visits. The 1/20/15 UR determination was an appropriate determination supported by referenced CAMTUS Chronic Treatment Guidelines. Therefore, the request is not medically necessary.