

Case Number:	CM15-0134334		
Date Assigned:	07/23/2015	Date of Injury:	02/07/2014
Decision Date:	08/19/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 39-year-old male sustained an industrial injury to the right shoulder and neck on 2/7/14. Previous treatment included physical therapy, chiropractic therapy and medications. X-rays right shoulder (3/28/15) showed mild degenerative changes of the acromioclavicular joint. In a PR-2 dated 6/15/15, the injured worker complained of discomfort in the posterior of the neck extending to the right trapezius and shoulder. The injured worker had been having occasional pain radiating down the right upper extremity to the fourth and fifth fingers. The injured worker had completed 4/6 chiropractic therapy with mild improvement in pain and range of motion. Physical exam was remarkable for tenderness to palpation to the right neck musculature, bilateral trapezius and right shoulder with normal, full range of motion of the cervical spine, decreased shoulder range of motion, positive Hawkin's test and normal sensation and reflexes. The physician noted that positive Hawkin's and decreased shoulder range of motion were new findings. Current diagnoses included neck muscle strain and right rotator cuff syndrome. The treatment plan included magnetic resonance imaging cervical spine, continuing chiropractic therapy with six additional sessions and continuing medications (Norco, Ben gay, Nabumetone and Flexeril).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 time a week for 6 weeks, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, p 58 Page(s): 58.

Decision rationale: The claimant sustained a work-related injury in February 2014 and continues to be treated for radiating neck and right shoulder pain. When seen, he had completed 4 of 6 chiropractic treatments with mild improvement in range of motion and pain. He was requesting additional treatments. He was having ongoing neck discomfort with radiating symptoms into the right upper extremity. Physical examination findings included right posterior cervical and shoulder tenderness. Spurling's testing was negative. There was a normal neurological examination. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the claimant had not completed the six-visit trial and there had been only mild improvement. Requesting additional treatment sessions at this time was not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant sustained a work-related injury in February 2014 and continues to be treated for radiating neck and right shoulder pain. When seen, he had completed 4 of 6 chiropractic treatments with mild improvement in range of motion and pain. He was requesting additional treatments. He was having ongoing neck discomfort with radiating symptoms into the right upper extremity. Physical examination findings included right posterior cervical and shoulder tenderness. Spurling's testing was negative. There was a normal neurological examination. Indications for obtaining an MRI would include radiculopathy and severe or progressive neurologic deficit, a history of or suspected cervical spine trauma with neurological deficit, x-ray findings of bone or disc margin destruction, and, in patients with chronic neck pain, when radiographs show spondylosis and neurologic signs or symptoms are present. In this case, there is no history of significant trauma or recent injury and no recent cervical spine x-ray results are reported. There are no reported neurological deficits and radiating arm symptoms have been present since at least March 2015. A cervical spine MRI is not medically necessary.

