

Case Number:	CM15-0144834		
Date Assigned:	08/06/2015	Date of Injury:	11/16/2012
Decision Date:	09/30/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/27/2015

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 35 year old female who sustained an industrial injury on 11-16-2012. She slipped and fell injuring her neck, right shoulder, and lower back. She has reported injury to the cervical spine, lumbar spine, right shoulder, and left shoulder and has been diagnosed with cervical myospasms, cervical radiculopathy, cervical sprain strain, rule out cervical disc protrusion, lumbar myospasms, lumbar pain, lumbar radiculopathy, lumbar sprain strain, right shoulder impingement syndrome, right shoulder pain, right shoulder sprain strain, left shoulder impingement syndrome, left shoulder pain, and left shoulder sprain strain. Treatment has included physical therapy, acupuncture, and chiropractic care. Cervical range of motion was decreased and painful. There was tenderness to the cervical paravertebral muscles. There was spasm of the cervical paravertebral muscles. Cervical compression was positive. Shoulder depression was positive bilaterally. Lumbar range of motion was decreased and painful. There was tenderness and muscle spasm to the lumbar spine. Sitting straight leg raise was positive bilaterally. Right shoulder range of motion was decreased and painful. There was tenderness to palpation of the anterior shoulder. Supraspinatus press was positive. The left shoulder range of motion was decreased and painful. There was tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder, and posterior shoulder. Supraspinatus press was positive. The treatment plan included Aquatic therapy. The treatment request included chiropractic 2-3 x a week and acupuncture 2-3 x a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 to 3 times a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: The Chronic Pain Medical Treatment guidelines recommend manipulation for chronic pain. It recommends a trial of 6 visits over two weeks and with evidence of objective functional improvement, a total of 18 visits over 6-8 weeks are recommended. The patient has chronic pain. Records indicate that the patient has had chiropractic treatments in the past. However, there was no evidence of objective functional improvement from prior chiropractic treatments to warrant additional chiropractic treatments. Therefore, the provider's request for chiropractic 2-3 times a week is not medically necessary at this time.

Acupuncture two to three times a week: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. Per progress report dated 5/22/2015, it was reported that the patient completed 23 acupuncture sessions. There were no documentation of functional improvement from past acupuncture sessions. The provider's request for additional acupuncture 2-3 times a week is not medically necessary at this time. Additional acupuncture is not medically necessary due to the lack of functional improvement.