

Case Number:	CM15-0149089		
Date Assigned:	08/19/2015	Date of Injury:	05/28/2015
Decision Date:	09/29/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	07/31/2015

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 53 year old male, who sustained an industrial injury on 5-28-2015. He reported injury to the neck, left upper back and left shoulder from a fall. Diagnoses include cervical sprain-strain, upper back sprain-strain, and left shoulder sprain, rotator cuff tear and cervical radiculopathy. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he complained of ongoing pain in the neck, upper back, and left shoulder. On 6-26-15, the physical examination documented cervical tenderness and decreased sensation to left hand. The left shoulder demonstrated decreased range of motion and positive impingement test. The plan of care included a request to authorize twelve chiropractic therapy sessions, three times a week for four weeks for cervical and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for cervical/thoracic spine 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: The MTUS chronic pain treatment guidelines give the following recommendations: "Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary." The claimant presented for an initial evaluation with [REDACTED], DC, on 7/9/2015, complaining of neck and upper back pain at 7-9/10 on the visual analogue scale. The recommendation was for chiropractic treatment at 2 times per week for 4 weeks. The doctors 1st report indicated a request for chiropractic treatment at 3 times per week for 4 weeks. The claimant received 1 evaluation and 6 treatments through 7/25/2015. A re-examination was performed on 8/4/2015. This resulted in a request for 8 additional treatments. The treatment was denied based on the absence of documented improvement as result of the initial 6 treatments. A review of the submitted documentation reveals no functional improvement. Prior to presenting to the office of [REDACTED] the claimant was on modified duty. At the time of the initial evaluation on 7/9/2015, the claimant was to continue on modified duty work and noted pain levels of 7-9/10 on the visual analogue scale. Following 6 treatments, the claimant was placed on TTD status beginning 8/5/2015. Pain levels were noted to be 7-9/10 on the visual analogue scale. This clearly indicates an absence of subjective or functional improvement as a result of the initial 6 treatments. Therefore, given the absence of documented functional improvement as a result of the initial 6 treatments, the medical necessity for the requested additional treatment was not established.