

Case Number:	CM15-0160776		
Date Assigned:	08/27/2015	Date of Injury:	06/04/2013
Decision Date:	10/02/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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 32 year old male, who sustained an industrial injury on June 4, 2013. He reported neck pain, left shoulder pain, scapula pain and left arm pain. The injured worker was currently diagnosed as having cervical spinal strain, left cervical radiculopathy, rule out disc herniation, left shoulder strain, left shoulder bursitis and left shoulder impingement. Treatment to date has included diagnostic studies, physical therapy, injection, acupuncture and medication. An injection into the left shoulder was noted to not help the injured worker. On June 10, 2015, the injured worker complained of neck pain radiating down the left arm with paresthesias. The treatment plan included an MRI of the left shoulder and cervical spine, pain management consultation, chiropractic treatment and a follow-up visit. A request was made for chiropractic treatment for the cervical spine and bilateral shoulder two times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 6 weeks, cervical spine & bilateral shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation/Manual Therapy Page(s): 58-59.

Decision rationale: The claimant presented with recurrent chronic pain in the neck and bilateral shoulders. Previous treatments include medications, injections, acupuncture, and physical therapy. Reviewed of the available medical records showed no history of chiropractic treatments. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, the request for 12 visits exceeded the guidelines recommendation. Therefore, it is not medically necessary.