

Case Number:	CM15-0165103		
Date Assigned:	09/02/2015	Date of Injury:	06/10/2015
Decision Date:	10/15/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/21/2015

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, Montana
 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 63 year old female, who sustained an industrial injury on 6-10-15. The injured worker was diagnosed as having cervical spine radiculitis, right shoulder impingement syndrome and trapezial myofascitis. The physical exam on 6-22-15 revealed cervical paraspinal tenderness and muscle spasms and a positive right shoulder impingement sign. Treatment to date has included physical therapy for the right shoulder and bilateral wrists, a home exercise program, Diclofenac, Gabapentin and Omeprazole. As of the PR2 dated 8-3-15, the injured worker reports neck and right upper extremity pain and weakness with activity. Objective findings include cervical flexion 35 degrees, extension 35 degrees and lateral flexion 40 degrees bilaterally. There is also decreased right shoulder flexion (120 degrees) and decreased internal and external rotation (75 degrees). The treating physician requested chiropractic treatments 2 x weekly for 6 weeks for the neck and back. On 8-6-15 the treating physician requested a Utilization Review for chiropractic treatments 2 x weekly for 6 weeks for the neck and back. The Utilization Review dated 8-13-15, non-certified the request for chiropractic treatments 2 x weekly for 6 weeks for the neck and back. The physician reviewer cited the ACOEM guidelines Neck and Upper Back Complaints.

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, for the neck and back: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: Provider requested initial trial of 12 Chiropractic visits for neck and low back which were modified to 6 chiropractic visits for the low back only by the utilization review. According Neck and upper Back complaints Chapter 8 page 173. "Using cervical manipulation may be an option for patient with occupationally related neck pain and or cervicogenic headache." Consistent with application of any passive manual approach in injury care, it is reasonable to incorporate it within the context of functional restoration rather than pain control alone. "There is insufficient evidence to support manipulation of patients with cervical radiculopathy." Per medical notes the patient is diagnosed as having cervical spine radiculitis for which the guidelines do not recommend Chiropractic care. Per Occupation medicine practice guidelines chapter 12 page 298 "Manipulation appears safe and effective in the first few weeks of back pain without radiculopathy." "If manipulation does not bring improvement in 3-4 weeks, it should be stopped and patient should be evaluated." "For patients with symptoms lasting longer than one month, manipulation is probably safe but efficacy has not been proved." Requested visits exceed the quantity support by cited guidelines. Per guidelines and review of evidence, 12 Chiropractic visits for neck and low back are not medically necessary.