

Case Number:	CM15-0169659		
Date Assigned:	09/10/2015	Date of Injury:	05/19/2014
Decision Date:	10/14/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/28/2015

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 30 year old male, who sustained an industrial injury on May 19, 2014, incurring upper and lower back and shoulder injuries. He was diagnosed with a cervical sprain, right upper extremity radiculitis, internal derangement of the right shoulder with a tear of the glenoid labrum, trochanteric bursitis of the right hip and a lumbar sprain with right lower extremity radiculitis. On February 11, 2015, the injured worker underwent a right shoulder arthroscopy with subacromial decompression, clavicle resection and debridement of a partial rotator cuff tear. Treatment included physical therapy, acupuncture, diagnostic imaging, pain medications, and Electromyography studies, Magnetic Resonance Imaging of the spine and right shoulder, and activity restrictions. Currently, the injured worker complained of persistent pain in his neck radiating from the upper back into the neck. The symptoms increased with prolonged standing. He had pain in the right shoulder radiating down into the right arm and right hand with numbness and tingling sensations. He noted weakness and loss of strength in the arm and hand. The injured worker complained of frequent pain in the low back and right hip radiating into the right lower extremity with numbness and tingling. He noted that he had difficulty lifting and carrying things. He learned to use his left arm and hand with activities of daily living in order not to aggravate his pain in the right shoulder. He was assisted at home by his family with activities of daily living. Lumbar Magnetic Resonance Imaging performed on July 27, 2015, was unremarkable and a cervical Magnetic Resonance Imaging performed on July 27, 2015, showed no significant canal stenosis. The treatment plan that was requested for authorization on August 28, 2015, included chiropractic sessions two times a week for three weeks to the cervical and

lumbar spine. On August 14, 2015, the requested chiropractic sessions two times a week for three weeks for the cervical and lumbar spine was modified to chiropractic sessions two times a week for three weeks for the lumbar spine only.

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 3 weeks cervical, lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck pain/ Chiropractic.

Decision rationale: Provider requested trial of 6 chiropractic treatment for cervical and lumbar spine which were modified to 6 chiropractic visits to the lumbar spine only. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement. Requested visits are within the quantity supported by cited guidelines. ODG guidelines do not recommend Chiropractic for cervical spine pain. Per guidelines and review of evidence, 6 Chiropractic visits for cervical and lumbar spine are not medically necessary.