

<b>Case Number:</b>	CM15-0185052		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	05/14/2004
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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  
 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 50 year old female, who sustained an industrial injury on 5-14-04. The injured worker was diagnosed as having cervical neck pain status post fusion; bilateral carpal tunnel syndrome. Treatment to date has included status post anterior cervical disc fusion (ACDF) (1-2008); physical therapy; medications. Diagnostics studies included MRI left shoulder (4-7-15). Currently, the PR-2 notes dated 8-11-15 is hand written and difficult to decipher. The notes appear to indicate the injured worker complains of "intense pain, stiffness limited range of motion, decreased activities of daily living, and gets relief with medications. Objective findings appear to include "cervical spine with increased trapezius and rhomboid spasm; decreased range of motion, positive Spurling's, decreased C6 sensation, shoulder - positive Hawkin's, positive Neer's." The provider notes a diagnosis of cervical HNP status post fusion; bilateral carpal tunnel syndrome. The injured worker is a status post anterior cervical disc fusion (ACDF) in 1-2008. His treatment plan included a request for chiropractic therapy and massage therapy for the cervical spine and bilateral shoulders; a MRI of the cervical spine to rule out HNP and medications. The injured worker had a left shoulder MRI on 4-7-15 with impression: "acromioclavicular joint osteoarthritis, supraspinatus partial thickness tear; infraspinatus partial thickness tear; synovial effusion; subacromial bursitis; lipoma humeral head; superior labral tear." There are several other PR-2 notes submitted that are hand written as well and difficult to decipher. A Request for Authorization is dated 9-21-15. A Utilization Review letter is dated 8-25-15 and non-certification was for Chiropractic treatment for the cervical spine and bilateral shoulders 2 times a week for 6 weeks (x12). A request for authorization has been received for Chiropractic treatment for the cervical spine and bilateral shoulders 2 times a week for 6 weeks (x12).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment for the cervical spine and bilateral shoulders 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The utilization review document of August 25, 2015 denied the treatment request for 12 chiropractic visits to manage the patient's cervical intervertebral disc condition with involvement of the bilateral shoulders citing CA MTUS chronic treatment guidelines. The medical necessity for initiation of chiropractic care was established and fell to be appropriate on a short-term basis leaving the CA MTUS chronic treatment guidelines as the foundation for recommendation of an initial trial of care. The CA MTUS treatment guidelines recommend an initial course of treatment, six visits with evidence of functional improvement should additional treatment beyond the six visits be requested. The medical necessity for 12 chiropractic visits to manage the patient's cervical disc condition was not supported by the reviewed medical records or the CA MTUS chronic treatment guidelines prerequisites for initiation of an initial trial of treatment. The request is not medically necessary.