

Case Number:	CM15-0185837		
Date Assigned:	09/28/2015	Date of Injury:	09/08/1994
Decision Date:	11/16/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	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

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 46 year old female who sustained an industrial injury on 09-08-1994. According to a progress report dated 07-01-2015, the injured worker reported neck pain with stiffness and muscle spasms caused suboccipital headaches, right shoulder pain with decreased range of motion and muscle spasms and upper and mid back pain stiffness and muscle spasms. Physical examination of the cervical spine, back and right shoulder were not documented on this progress report. Diagnoses included thoracic sprain strain, cervical sprain strain and right shoulder joint pain. The treatment plan included chiropractic manipulation with adjunctive EMS and cryotherapy, therapeutic passive and active range of motion exercises with and without resistance, instruction in home exercises and lifestyle modification. The provider noted that the injured worker had responded well to treatment and therapeutic exercise instruction. She was to remain off work. According to a more descriptive report by the provider dated 07-01-2015, neck pain had improved "a bit" since her last visit. It was rated 3 on a scale of 1-10 and had some effect on her activities of daily living. She had experienced "slight improvement" in upper back pain. Back pain was rated 3 and had some effect on her activities of daily living. There was "some improvement" with left shoulder pain. Pain was rated 3 and her activities of daily living were "somewhat" affected by this symptom. Right shoulder pain had "improved a bit" since her last visit. It was rated 3 and had some effect on her activities of daily living. Active and passive ranges of motion of the thoracic region of the spine were within normal limits. Active and passive ranges of motion of the cervical region of the spine were found to be mildly restricted with pain and spasm. An inspection by digital palpation of the cervical spinal region revealed multiple fixation, hypertonicity and tenderness. Palpation revealed moderate pain

and moderate muscle spasms of the right shoulder. Recommendations included cryotherapy, spinal manipulation, interferential current, corrective spinal exercises and resistive exercises two times a week for three weeks. An authorization request dated 07-23-2015 was submitted for review. The requested services included chiropractic manipulation, interferential wave EMS, resistive stretching and strengthening exercise. On 09-04-2015, Utilization Review non-certified the request for 8 session of chiropractic care for the right shoulder, thoracic and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 8 sessions Right Shoulder, Thoracic, Neck: Overturned

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 rationale: The claimant began a course of treatment with [REDACTED] on 5/6/2015 and received a course of 6 treatments through 7/1/2015 at which time a reevaluation was performed. Pain levels decreased from 7-8/10 to 3/10 in the cervical spine, from 7/10 to 3/10 in the thoracic spine and the right shoulder decreased from 8/10 to 3/10 of the visual analogue scale. Range of motion findings in the thoracic spine and cervical spine improved. Given the subjective and objective improvement as a result of the initial 6 treatments and the residual deficits, medical treatment utilization schedule guidelines would support the requested 8 additional treatments. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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."