

Case Number:	CM15-0190661		
Date Assigned:	10/02/2015	Date of Injury:	10/07/2013
Decision Date:	11/18/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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

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 10-7-13. The medical records indicate that the injured worker is being treated for C3-7 disc degeneration; chronic cervical and thoracic myofascitis; chronic tendinitis left shoulder; chronic cervical - thoracic radiculitis; myoligamentous cervical sprain-strain. She currently (8-19-15) complains of constant neck pain; constant upper back pain; left shoulder discomfort with movement and position. On physical exam of the cervical spine there was loss of range of motion in all planes with pain, tenderness in the cervical, upper thoracic spine and left shoulder, trigger points in the cervical, thoracic musculature on the left and left shoulder, supraspinatus, levator, rhomboid and upper trapezius, positive cervical compression and Soto Hall tests. She had an electromyography-nerve conduction study (11-5-13 and 2-27-15) showing mild left carpal tunnel syndrome affecting sensory component; cervical MRI (11-14-13) showing disc bulge with no significant canal or foraminal stenosis; MRI of the left shoulder (11-14-13) showing severe partial thickness tear of the supraspinatus tendon, mild tendinosis; left shoulder x-ray (10-8-13) normal. Her treatments were acupuncture with benefit for relief of muscle spasms; physical therapy; cortisone injection left subacromial bursa with benefit; medications: omeprazole, naproxen, Medrox ointment, orphenadrine; prior documentation of chiropractic treatments was not present. The request for authorization dated 8-25-15 was for chiropractic manipulative treatment with modalities (myofascial release, intersegmental traction and interferential current) 2 times a week for 3 weeks for cervical spine and left shoulder. On 8-31-15 Utilization Review non-certified the request for chiropractic manipulative treatment with modalities (myofascial

release, intersegmental traction and interferential current) 2 times a week for 3 weeks for cervical spine and left shoulder but was modified to 4 chiropractic treatments to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulative treatment with modalities (myofascial release, intersegmental traction and interferential current) 2 x 3 for cervical spine and left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, Initial Care, and Low Back Complaints 2004, Section(s): General Approach, Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Massage therapy, Transcutaneous electrotherapy.

Decision rationale: The claimant presented with chronic neck and left shoulder pain. Previous treatments include medications, injections, acupuncture, and physical therapy. According to the available medical records, there is not history of chiropractic treatments. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks for chronic back pain, mechanical traction is not a recommended treatment modality. Therefore, the request for 6 chiropractic visits with traction, massage, and interferential for the neck and shoulder is not medically necessary.