

Case Number:	CM15-0192968		
Date Assigned:	10/07/2015	Date of Injury:	08/26/2014
Decision Date:	11/16/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/01/2015

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, Minnesota

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 male who sustained an industrial injury August 26, 2014. While carrying rocks walking upstairs, a stair broke under him and he fell and was pushed into the cement block on the stairs. After two weeks of increasing severe pain, he underwent a hernia repair followed by multiple sessions of physical therapy (unspecified). According to a pain management physician's initial consultation report dated September 3, 2015, the injured worker presented with primary complaints of right shoulder, abdominal and chest pain. He rated his pain 8 out of 10, described as aching gnawing and sharp and radiates to the left thigh, left knee, left leg and left foot. His condition is associated with numbness in the chest area, tingling and weakness. Relieving factors included application of cold and heat, medication and rest. Quality of sleep is poor. He is able to walk for (2) blocks, sit for (30) minutes and stand for an hour, perform household chores and socialize with friends. He has difficulty working, exercising, with yard work and recreational activities. Treatment to date included heat and cold therapy, which was effective, physical therapy, which was not effective, chiropractic treatment, was effective (7 of 8 completed April 2015). He reports titrating hydrocodone and Tylenol for pain. Physical examination revealed; cervical-range of motion restricted with flexion to 20 degrees, extension to 20 degrees, internal rotation right to 45 degrees and lateral rotation left to 45 degrees, tenderness and tight muscle band on the right and tenderness C6, C7, Spurling's maneuver produces no pain in the neck; right shoulder-range of motion limited by pain, Neer, Hawkins, Empty Can, and shoulder crossover tests are negative, Belly press lift off and John's are negative; gastrointestinal-localized tenderness in the left lower quadrant, no rebound tenderness and no shifting tenderness, guarding, mass or lump palpated; on auscultation abdomen

is tympanic, area of liver dullness within normal limits, no sign of ascites. Diagnoses are pain of joint of shoulder; cervicalgia; myalgia and myositis, not otherwise specified; sprains, strains of neck; hernia, not elsewhere classified. Treatment plan included continued medication, recommendation for acupuncture and at issue, a request for authorization for chiropractic treatment, cervical spine Quantity: 6. According to utilization review dated September 24, 2015, the request for chiropractic treatment, cervical spine per 09-03-2015 order Quantity: 6 are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, cervical spine Qty: 6: Overturned

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back(and neck) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested 6 chiropractic visits to the cervical spine for an unknown period of time (should be 2 weeks per guidelines). The request for treatment (6 visits) is according to the above guidelines and therefore the treatment is medically necessary and appropriate.