

Case Number:	CM15-0195959		
Date Assigned:	10/09/2015	Date of Injury:	08/01/1992
Decision Date:	11/23/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/05/2015

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: Chiropractic

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 52 year old female, who sustained an industrial injury on 8-1-1992. The injured worker is undergoing treatment for: left shoulder pain, left arm pain, headaches, cervicgia with radiculopathy, thoracic outlet syndrome. On 9-23-15, she reported neck pain rated 7 out of 10. She described the pain as aching, burning, deep, dull, inconsistent, pounding, radiating to jaw. She also reported radiating pain to the left shoulder and bilateral arms and associated weakness in the arms. She is reported to have a 90 percent improvement in pain with medications. Objective findings revealed gait without abnormality, decreased muscle strength in the bilateral upper extremities, positive Tinel's test of ulnar on the left, positive ulnar nerve compression and impingement testing on the left, tenderness at the acromioclavicular joint on the left, myofascial pain with triggering and ropey fibrotic banding in the neck, and painful decreased neck range of motion. The treatment and diagnostic testing to date has included: medications, urine drug screen (4-27-15), cervical spine magnetic resonance imaging (10-27-1995) and electrodiagnostic studies (9-8-1995). Medications have included: Nucynta, Percocet, grilise, gabapentin. Current work status: unclear. The request for authorization is for: chiropractic manipulative therapy for shoulder and cervical for "trigger point therapy" x 10 sessions. The UR dated 10-1-2015: non-certified the request for chiropractic manipulative therapy for shoulder and cervical for "trigger point therapy" x 10 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulative therapy for shoulder and cervical for trigger point therapy times 10 sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

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 & Upper Back/Manipulation.

Decision rationale: Since her date of injury in 1992, the patient has not received chiropractic care for her cervical spine injury in the past, per the records provided. The ODG Neck & Upper Back Chapter recommends an initial trial of 6 sessions of chiropractic care over 2 weeks with up to 18 additional chiropractic care sessions with evidence of objective functional improvement. The MTUS Chronic Pain Medical Treatment Guidelines although silent on the cervical spine does recommend manipulation for chronic musculoskeletal conditions. The ODG Shoulder Chapter recommends a limited number of 9 sessions of chiropractic care over 8 weeks. In the materials provided for review, there is no evidence of prior chiropractic care. I find the 10 initial chiropractic sessions requested to the cervical spine and shoulder to be medically necessary and appropriate.