

Case Number:	CM15-0199970		
Date Assigned:	10/15/2015	Date of Injury:	02/28/2013
Decision Date:	12/02/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/12/2015

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 48 year old female who sustained an industrial injury on 2-28-13. A review of the medical records indicates she is undergoing treatment for long-term use of medications, cervical spinal stenosis, neck pain, cervicobrachial syndrome, and lumbar region sprain and strain. The 9-21-15 record indicates chronic shoulder, neck, and back pain. She reports that her shoulder pain radiates into her neck, causing muscle tension, pain, and headaches. She reports "more pain and muscle tension recently." The physical exam reveals "diffuse tenderness" of the right shoulder. Normal muscle tone is noted in bilateral upper and lower extremities. The treating provider states, "she does have tenderness over the right shoulder and pain with range of motion." Diagnostic studies have included an MRI of the shoulder (8-24-15). Treatment has included medications, physical therapy, a right shoulder arthroscopy in March 2014 (7-13-15), a subacromial injection of the right shoulder, trigger point injections, and chiropractic treatment. The 7-13-15 record indicates that she completed 6 sessions of chiropractic treatment "when she was first injured." "Benefit" was noted. The 8-10-15 treatment recommendation included a request for 12 sessions of chiropractic treatment. On 8-24-15, the treating provider indicates a modification of the request to 6 sessions of chiropractic treatment for the neck and low back. The utilization review (9-23-15) includes a request for authorization of chiropractic treatment 1 time a week for 12 weeks. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 time a week for 12 weeks to neck, bilateral shoulders and lower back:
Upheld

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: The claimant presented with chronic neck, shoulder, and low back pain. Previous treatments include medications, injections, shoulder surgeries, physical therapy, and chiropractic. According to the available medical records, the claimant has had 6 chiropractic treatments previously with benefits, however, there are no documents of objective functional improvements and the claimant had been treated with epidural injections after that. Based on the guidelines cited, the request for 12 chiropractic visits is not medically necessary.