

Case Number:	CM15-0200173		
Date Assigned:	10/15/2015	Date of Injury:	01/17/2012
Decision Date:	11/25/2015	UR Denial Date:	10/05/2015
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: 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 51 year old male, who sustained an industrial injury on January 17, 2012. He reported pain in his neck and shoulders due to repetitive job duties. The injured worker was currently diagnosed as having cervical sprain and strain, cervical paraspinal muscle spasms, cervical disc herniation, cervical radiculitis-radiculopathy of the bilateral upper extremities, limited range of motion of the bilateral shoulders and bilateral shoulder internal derangement. Treatment to date has included diagnostic studies, surgery, medication, functional capacity evaluation, exercises, acupuncture and physical therapy. Notes stated "failure of conservative treatment" including physical therapy, home exercise and acupuncture. On August 14, 2015, the injured worker complained of neck pain associated with severe muscle spasm. The pain was rated as an 8-9 on a 1-10 pain scale. He also reported frequent headaches with blurred vision. The neck pain was associated with tingling, numbness and weakness in the bilateral upper extremities. The injured worker also reported bilateral shoulder pain that radiates up to the neck and to both arms with weakness, numbness and tingling that radiates down to both hands. There is pain in the bilateral shoulders and bilateral elbows with crepitation on range of motion. His shoulder pain was rated as an 8-9 on a 1-10 pain scale. The treatment plan included cervical epidural steroid injection and bilateral shoulder intra-articular injections. A request was made for an initial trial of chiropractic treatment two times a week for three weeks for the cervical spine and bilateral shoulders. On October 5, 2015, utilization review denied a request for an initial trial of chiropractic treatments two times a week for three weeks for the cervical spine and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments 2 times a week for 3 weeks for the cervical spine and bilateral shoulders: Overturned

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

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, Shoulder/Manipulation.

Decision rationale: The patient has not received chiropractic care for his cervical spine and shoulder injury in the past per the records provided. The MTUS Chronic Pain Medical Treatment Guidelines recommends manipulation for chronic musculoskeletal conditions. The ODG Shoulder Chapter recommends a limited number of 9 sessions of manipulations over 8 weeks. The ODG Neck & Upper Back Chapter recommends an initial trial of 6 sessions of chiropractic care over 2 weeks. I find that the 6 initial chiropractic sessions requested to the shoulders and cervical spine to be medically necessary and appropriate.