

Case Number:	CM15-0204031		
Date Assigned:	10/20/2015	Date of Injury:	04/04/2013
Decision Date:	12/09/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/16/2015

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:

This 37 year old woman sustained an industrial injury on 4-4-2013. Diagnoses include neck, upper back, and shoulder pain. Treatment has included oral medications. Physician notes dated 9-8-2015 show complaints of neck and upper neck pain with minimal shoulder pain. The physical examination shows tenderness to the left trapezius muscle, "near full range of motion" of the cervical spine without imitations or pain, full range of motion of the left shoulder, left superior periscapular tenderness, and a normal neurovascular examination to the bilateral upper extremities. Recommendations include chiropractic care, trigger point injections, and follow up in two months. Utilization Review denied a request for four chiropractic sessions on 9-18-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 4 Sessions Cervical Spine: Upheld

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

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

Decision rationale: The claimant presented with chronic pain in the neck, upper back, and shoulder. Previous treatments include medications, injections, chiropractic, physical therapy, and home exercises. Although evidences based MTUS guidelines might recommend 1-2 visits every 4-6 months for flare-ups, current progress report do not recommend any flare-up, objective findings noted almost normal neck range of motion, there is no functional deficits and the claimant continued to work full duties. The request for 4 chiropractic visits also exceeded MTUS guidelines recommendation. Therefore, it is not medically necessary.