MAXIMUS Federal Services

Case Number:	CM15-0207411		
Date Assigned:	10/26/2015	Date of Injury:	09/14/2005
Decision Date:	12/07/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/21/2015

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 42 year old female who sustained an industrial injury on 9-14-05. A review of the medical records indicates that the worker is undergoing treatment for cervical myofascial strain, thoracic myofascial strain, left medial epicondylitis, bilateral sacroilitis left greater than right, lumbar myofascial strain, left ulnar neuropathy, occipital neuralgia, left infraspinatus tear, and left shoulder acromioclavicular joint arthropathy. Subjective complaints (9-9-15) include a mild increase in pain since the prior visit, a pinching sensation on the right side of the low back, increased stiffness, more prominent radiating pain down the legs, aching pain that radiates into the shoulders, down the left arm and last three digits of the left hand, pins and needles in the last 3 digits, occasional right arm tingling, frequent headaches that radiate into forehead and behind eyes, left arm weakness, most pain in neck is when looking down or leaning forward, and pain is rated 5 out of 10. Low back complaints are of aching and cramping with radiating aching, pins and needles down the legs. Objective findings (9-9-15) include decreased sensation to light touch and pinprick in right C5 and C8 dermatomes, limited lumbar flexion, normal gait, hypertonicity of paraspinals at L3-S1 and left trapezius with isolated twitch response, tenderness to palpation at multiple areas, painful cervical flexion and limited extension, and positive facet loading: left cervical and bilateral lumbar. Previous treatment includes physical therapy (2011-neck, without relief), chiropractic care (mild relief for neck), acupuncture (24 sessions with good relief), left shoulder surgery (2014), fusion C6 and C7 (2008), trigger point injections upper back (40% relief), Norco, Cymbalta, and Lidopro topical. The treatment plan includes chiropractic treatment to the neck and back two times a week for six

weeks, and is noted in the progress report as previously authorized but then denied on 8-13-15. The requested treatment of chiropractic sessions for the neck 2x6, quantity: 12 was non-certified on 10-13-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractor Sessions 2 Times a Week for 6 Weeks for the Neck: 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: 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 requested 12 chiropractic sessions 2 times per week for 6 weeks for the neck. The request for treatment(12 visits) is not according to the above guidelines(6 visits) and therefore the treatment is not medically necessary and appropriate.