

Case Number:	CM15-0220317		
Date Assigned:	11/16/2015	Date of Injury:	05/29/2008
Decision Date:	12/24/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/10/2015

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 60 year old male who sustained an industrial injury on 05-29-2008. According to a progress report dated 10-12-2015, the injured worker was seen for evaluation of neck and bilateral shoulder pain. He had just received authorization for OxyContin and was okayed from the pharmacy to pick it up at 1 o'clock that day. In the past, the medication brought his pain levels down from an 8 out of 10 down to a 5 out of 10 and allowed him to stay functional. Current pain level was rated 8 out of 10. He was having problems with neck stiffness and shoulder motion. Current medications included OxyContin 15 mg controlled release 1 a day. Objective findings included decreased range of motion with cervical left rotation. Right rotation appeared within normal limits. He had decreased abduction. He was able to abduct the shoulders to about 90 degrees bilaterally. Flexion was also about 90 degrees bilaterally. Diagnoses included right shoulder pain, left shoulder pain, chronic neck pain, mid-back pain and electromyography report from 08-13-2010 with impression of abnormal right deltoid muscle. Electromyography consistent with denervation potential of short duration, medial amplitude in the C5-C6 innervated muscles on that side was noted. MRI of the cervical spine performed on 11-03-2010 showed multilevel 2 mm to 3 mm disk protrusions from C2 to C6. He had been doing "well" with the use of OxyContin. The treatment plan included OxyContin 15 mg #30 and 6 sessions of chiropractic care. The injured worker was permanent and stationary and currently not working. Records do not indicate how many chiropractic sessions have been completed to date. Previously on 10-06-2014, authorization was requested for 8 sessions. On 01-22-2015, the provider noted that the injured worker had some chiropractic sessions that he had finished up recently and found them to be helpful. It gave him "significant benefit" for

about a day or so after each session allowing him to manage his pain better with less medications. He had been able to cut back on Oxycodone. He was taking 1 tablet a day instead of 2, but only 2 or 3 days out of the week. An authorization request dated 10-22-2015 was submitted for review. The requested services included chiropractic care 6 sessions. On 10-28-2015, Utilization Review non-certified the request for chiropractic therapy, cervical spine, 1 time weekly for 6 weeks, 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy, cervical spine, 1 time weekly for 6 weeks, 6 sessions: Overturned

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 Chiropractic therapy 1 time per week for 6 weeks or 6 sessions to the cervical spine. The request for treatment (6 visits) is according to the above guidelines (6 visits) and therefore the treatment is medically necessary and appropriate. (According to the guidelines the 6 visits would best be given in a 2 week time period.) In order for the patient to receive more care for this flare-up, the doctor must give objective functional improvement from these 6 approved visits.