

Case Number:	CM15-0032001		
Date Assigned:	02/25/2015	Date of Injury:	05/10/2013
Decision Date:	04/15/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/20/2015

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: New Jersey

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 59-year-old female who reported an injury on 05/10/2013, due to an unspecified mechanism of injury. On 01/27/2015, she presented for a follow-up evaluation. She reported intermittent moderate neck and left shoulder pain with a shooting pain down into the left hand. She reportedly underwent a scalene block, which was noted to be very painful, and was also awaiting a ganglion block. A physical examination of the cervical spine showed tenderness to palpation about the paracervical and trapezius musculature. There was positive cervical distraction test and muscle spasms noted, and there was mildly decreased range of motion in all fields. There was decreased light touch sensation in the left C6-7. The left shoulder revealed tenderness to palpation of the left trapezial musculature, and restricted range of motion due to complaints of discomfort and pain. There was also muscle spasms noted. She was diagnosed with cervical spine strain with radicular complaints, left shoulder parascapular strain and gastritis. The treatment plan was for chiropractic sessions for the cervical, lumbar and left shoulder 2 x4. The rationale for treatment was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions (cervical, lumbar, left shoulder) 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The California MTUS Guidelines recommend a trial of 6 chiropractic therapy sessions over 2 weeks, and with evidence of objective functional improvement, 18 sessions over 6 to 8 weeks may be supported. It is stated that time to produce effect is 4 to 6 treatments, and there is a maximum duration of 8 weeks. The documentation provided does not show that the injured worker has reported pain in the lumbar spine or that she has any deficits of the lumbar spine that would support the request for chiropractic therapy. Also, the number of sessions being requested exceeds guideline recommendations. No exceptional factors were noted to support exceeding the guidelines, and therefore, the request is not supported. Therefore, the request is not medically necessary.