

Case Number:	CM15-0051316		
Date Assigned:	04/15/2015	Date of Injury:	02/26/2013
Decision Date:	05/07/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/18/2015

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, Oriental Medicine

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 44 year old female, who sustained an industrial injury on 2/26/13. She reported initial complaints of bilateral shoulder pain. The injured worker was diagnosed as having cervical spondylosis; lumbar stenosis. Treatment to date has included physical therapy; acupuncture; chiropractic sessions; x-rays cervical spine and bilateral shoulders (5/10/13); MRI bilateral shoulders (1/20/14) MRI cervical spine (5/13/14); EMG/NCV upper extremities (7/9/14). Currently, the PR-2 notes dated 2/23/15 are hand written; indicate the injured worker complains of neck and right shoulder pain with the right upper extremity radiating is worse today; pain and aches while at rest. The pain radiates from the neck to the right shoulder to the right forearm with weakness and constant. The treatment has been ongoing and the provider is requesting retrospective therapy requested as mechanical traction, mechanical traction, electrical stimulation, ontophoresis, ultrasound, therapeutic exercises, and manual therapy techniques each for 8 sessions to the neck and lower back (2/23/15) as well as retrospective electrodes supplies, #1 education supplies and exercise equipment (2/23/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Chiropractic services with exercises, modalities, manipulation and myofascial release, 8 sessions neck and lower back (2/23/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 3/9/15 denied the request for additional Chiropractic care with modalities citing CAMTUS Chronic Treatment Guidelines. The patient has benefited from prior alternative care including Chiropractic care and Acupuncture prior to the request of 2/22/15 for an additional 8 sessions with addressed modalities. The UR determination to deny care was an appropriate determination and supposed by referenced guidelines. The medical necessity for additional care was not supported by required clinical evidence that prior application of Chiropractic care lead to evidence of functional improvement as required by the CAMTUS Chronic Treatment Guidelines. The request is not medically necessary.