

Case Number:	CM14-0146632		
Date Assigned:	09/12/2014	Date of Injury:	04/06/2012
Decision Date:	11/12/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is a licensed Doctor of Chiropractic, has a subspecialty in Acupuncture, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54-year-old female with a date of injury of 4/06/2012. According to the progress report dated 8/11/2014, the patient complained of burning radicular neck pain and muscle spasms. The patient described the pain as constant and moderate to severe. The pain was aggravated by with repetitive motion of the head and neck. There was associated numbness and tingling of the bilateral upper extremities. The patient also complained of bilateral shoulder, bilateral elbow, bilateral wrist, mid back, bilateral knees, and bilateral feet pain. Significant objective findings include tenderness in the occiput, trapezius, levator scapula, the splenius, and scalene muscles, restricted cervical range of motion, and positive cervical distraction and cervical compression test bilaterally. The patient has restricted bilateral shoulder range of motion, positive Neer's impingement sign bilaterally, Hawkins Kennedy bilaterally, and speeds test bilaterally. The patient has reduced range of motion in the elbow, wrist, and thoracic spine. Cozen sign was positive bilaterally. Tinel's, Phalen's, and Flicker test was positive bilaterally at the wrist. Sensation was slightly diminished over C5, C6, and C7 in the bilateral upper extremities, motor strength was 5/5 in the upper extremities, and deep tendon reflexes were +2 and symmetrical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 3x/wk x 6 wks to the Cervical Spine and Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 57-59.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic, Manipulation

Decision rationale: Upon review of the submitted records, the patient had manipulating therapy in the past. However the number of sessions completed remained unknown. In addition, the outcome of such therapies remained unknown. There was no documentation of functional improvement from the past chiropractic sessions. Additional chiropractic sessions are not medically necessary. Therefore, the provider's request for chiropractic sessions 3 times a week for 6 week is not medically necessary.