

Case Number:	CM14-0149928		
Date Assigned:	09/18/2014	Date of Injury:	05/04/2004
Decision Date:	11/21/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/15/2014

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 Chiropractor 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 64 year old male who injured his right shoulder neck on 5/4/2004 while performing her duties as a machine operator. Per the PTP's report the patient "has pain in the right shoulder with radiation of pain into the right side of neck." The patient has been treated with medications, physical therapy and trigger point injections. Diagnosis assigned by the PTP is sprain of shoulders/arm status post-surgery and cervical sprain. There are no diagnostic imaging studies in the records provided. The patient has returned to work on a modified duty status. The PTP is requesting 12 sessions of chiropractic care to the neck. The UR department has modified the request and authorized 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC MANIPULATION 3X4 FOR CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-59.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Manipulation Section

Decision rationale: Although this injury is 10 years old, chiropractic care has never been rendered in the past, per the records provided. The ODG Neck and Upper back Chapter recommends an initial trial of manipulation to be rendered over 2 weeks. The 12 sessions of chiropractic care for the cervical spine is not medically necessary and appropriate.