

Case Number:	CM14-0173041		
Date Assigned:	10/23/2014	Date of Injury:	09/13/2012
Decision Date:	12/02/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/20/2014

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 Board Certified in Chiropractic 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:

Claimant is a 41 year old female who sustained a work related injury on 9/13/2012. Prior treatment includes physical therapy, medications, right shoulder injection, acupuncture, and chiropractic. Her diagnoses are cervical spine herniated nucleus pulposus with radiculopathy, bilateral shoulder internal derangement, bilateral lateral epicondylitis, bilateral carpal tunnel syndrome, thoracic spine myoligamentous injury, secondary sleep deprivation, secondary depression and anxiety. Per a PR-2 dated 10/14/2014, the claimant continues to have constant pain. She reports new symptoms of tension headaches and stabbing pain from the crown of the head to the chest with prolonged postures greater than 30 minutes. She states that these episodes occur twice daily. She also has bilateral shoulder pain. She also has posterior head pain, frequent headaches, cervical spine pain that radiates into the upper extremities, constant bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, thoracic spine pain, and difficulty sleeping due to pain. She is not working. Per a PR-2 dated 9/2/2014, the claimant has shown functional improvement from prior chiropractic treatment of decreased pain and increased function of the cervical spine. The claimant reached maximal medication improvement on 4/23/2014. Per a Pr-2 dated 5/21/2014, the claimant has been treated with therapy, acupuncture, and chiropractic since been initially seen at Tri-star Medical group. She indications that she has not improved.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of chiropractic treatment for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 207, 268, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 23, 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th edition (web), 2014, Forearm, wrist and hand.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 weeks can be necessary. It is unclear whether the claimant had already exceeded the 24 visit maximum prior to this visit. However, the claimant did already chiropractic with objective functional improvement. One PR-2 states the claimant is not improved. One PR-2 states the claimant had functional improvement with any objective measures. Therefore further visits are not medically necessary.