

Case Number:	CM14-0180682		
Date Assigned:	11/05/2014	Date of Injury:	08/07/1998
Decision Date:	12/15/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/30/2014

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, 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 injured worker is a 52 year old female who reported neck and shoulder pain from injury sustained on 08/07/98. Mechanism of injury was not documented in the provided medical records. MRI of the left shoulder revealed prominent AC joint effusion with fluid extending into subacromial/ subdeltoid bursa and intrasubstance tear of supraspinatus tendon. MRI of cervical spine revealed multilevel disc bulges. Injured worker is diagnosed with chronic left cervical radiculopathy; left shoulder girdle strain; chronic lumbar radiculopathy; cervical disc bulging at C5-6 and C6-7. Injured worker has been treated with medication, epidural injection, physical therapy and chiropractic. Per Chiropractic notes dated 07/30/14, injured worker has attended 6/6 authorized chiropractic visits with good prognosis. Injured worker continues to have constant neck pain and left shoulder pain. She reports her pain level at 3/10. Per medical notes dated 09/05/14, injured worker has been receiving chiropractic care, which has been beneficial. Per medical notes dated 09/19/14, injured worker complains of neck, shoulder and arm pain. She is on profound decrease in severity of her symptoms that work well in conjunction with her medication. Provider requested additional 2X4 Chiropractic treatments for cervical spine which were modified to 6 by the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy 2 X 4 to the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS 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): 58-59.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guideline; Manual Therapy and Manipulation, "Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measureable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities". Low Back: Recommended as an option. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Treatment parameters from state guidelines. A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function". Injured has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Per medical notes dated 07/30/14, injured worker has attended 6/6 authorized chiropractic visits with good progress. Injured worker continues to have constant neck, and left shoulder pain which is rated at 3/10. Provider requested additional 2X4 chiropractic sessions for cervical spine which was modified to 6 by the utilization reviewer. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a injured worker who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2X4 Chiropractic visits are not medically necessary.