

Case Number:	CM14-0050753		
Date Assigned:	07/07/2014	Date of Injury:	06/08/2012
Decision Date:	02/28/2015	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/19/2014

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. 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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 46 year old female with chronic neck and shoulders pain, date of injury is 04/12/2013. Previous treatments include medications, acupuncture, chiropractic, and home exercises. Progress report dated 01/08/2014 by the treating doctor revealed patient has continued chiropractic care which has been beneficial. Cervical spine exam revealed tenderness to palpation over the upper, mid, and lower paravertebral and trapezius muscles, ROM decreased with pain in motion. Thoracic spine exam noted tenderness to palpation over the upper paravertebral muscles, mild limitation of motion. Shoulder girdle exam revealed periscapular and trapezius tenderness with no winging. Shoulder examination is within normal limits. There is patchy-decreased sensation in the bilateral upper extremities, most notably in C6 distribution. Diagnoses include closed-head injury, cervical spine strain, cervical radiculopathy, and bilateral shoulder girdle strain. The patient returned to modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x wk x 6 wks, Cervical Spine Bilateral Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The claimant presented with ongoing pain in the neck and shoulder. The current RFA dated 02/20/2014 requesting continues chiropractic 2x6, in additions to medications. Reviewed of the available medical records, the claimant has completed 19 chiropractic visits on 02/10/2014. Based on the evidences based guidelines cited, the request for additional chiropractic visits exceeded the total number of visits recommended. Therefore, it is not medically necessary.