

Case Number:	CM15-0010832		
Date Assigned:	01/28/2015	Date of Injury:	06/24/2014
Decision Date:	03/18/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/19/2015

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: Chiropractic

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 53 year old male who sustained a work related injury June 24, 2014. A request for authorization dated November 3, 2014, for chiropractic treatment and an orthopedic consultation for the left shoulder. The injured worker has ongoing left shoulder/arm pain causing loss of strength and sleep. According to a primary treating physician's progress report dated December 5, 2014, the injured worker has reached maximum medical improvement and is therefore deemed permanent and stationary, with ongoing injuries to his neck, upper back, and shoulder. An MRI (magnetic resonance imaging) dated September 25, 2014, reveals small disc osteophyte complex at C3-C4 measuring 1-2mm with mild central canal narrowing along with superimposed congenital narrowing of the spinal canal in a developmental basis; mild left neural foraminal narrowing at C4-C5 with uncovertebral and facet hypertrophy (report present in medical record). Diagnoses included cervical/CADS (cervical acceleration/deceleration; whiplash) injury; cervicothoracic subluxation and cervical myospasm. The physician discussed future flare-up and treatment. According to utilization review dated December 31, 2014, the request for Chiropractic for the cervical spine, head and bilateral shoulders, (6) visits is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines Manual Therapy/Manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for the cervical spine, head and bilateral shoulder - 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Chapter Page(s): 58. Decision based on Non-MTUS Citation Neck & Upper Back and Shoulder Chapters MTUS Definitions

Decision rationale: The patient has suffered a whiplash injury in this case. He has also suffered injuries to both shoulders. He has received 6 sessions of chiropractic care for his injuries already. The ODG Low Back Chapter for Recurrences/flare-ups states: "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." The MTUS Chronic Pain Medical Treatment Guidelines recommends additional chiropractic care with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The PTP describes some Improvements with treatments but no objective measurements are listed. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 6 additional chiropractic sessions requested to the cervical spine, head and bilateral shoulders to not be medically necessary and appropriate.