

Case Number:	CM15-0010983		
Date Assigned:	01/30/2015	Date of Injury:	09/15/1997
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
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: 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:

The injured worker is a 62 year old male with an industrial injury dated September 15, 1997. The injured worker diagnoses include cervical pain, thoracic pain, bilateral shoulder pain and headaches. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 12/01/2014, the injured worker reported neck pain, mid back pain and shoulder pain. Objective findings revealed decreasing cervical lordosis, decrease in range of motion with cervical, bilateral shoulder and thoracic. There was also bilateral wrist flexion muscle weakness noted and a decrease sensation in the right arm. The treating physician prescribed chiropractic treatments x4 for the right shoulder as an outpatient. Utilization Review determination on January 9, 2015 denied the request for chiropractic treatments x4 for the right shoulder as an outpatient, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatments x4 for the right shoulder as an outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data

Institute, LLC; Corpus Christi TX; www.odg-twc.com; Section: Low Back- Lumbar & Thoracic (Acute & Chronic) (updated 11/21/2014)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding ma.

Decision rationale: The medical necessity for the requested 4 treatments was established. On 12/3/2014 the claimant was evaluated by [REDACTED], pain management specialist, following and occipital nerve block and trigger point injection that provided 80% relief for greater than 3 weeks. The recommendation was for a repeat occipital nerve block and trigger point injections. Pain levels decreased to 3/10 on the visual analogue scale. The claimant returned to the office of [REDACTED], on 1/5/2015 his pain levels had increased to 7/10. A request for 4 chiropractic treatments was submitted. It was noted that the claimant last receive chiropractic treatment in 2012. The claimant returned to the provider's office complaining of increased headaches and neck pain. Given the clinical findings on examination a course of chiropractic treatment can be considered appropriate. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." The requested 4 treatments are consistent with this guideline. Therefore, I recommend certification of the requested 4 treatments.