

Case Number:	CM15-0015729		
Date Assigned:	02/03/2015	Date of Injury:	10/24/2014
Decision Date:	03/19/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/27/2015

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 45 year old female, who sustained an industrial injury on 10/24/14. She has reported head injury with neck and back pain. The diagnoses have included cervical IVD displacement, cervical sprain/strain, thoracic sprain/strain, acute posttraumatic headache, vertigo and insomnia. Treatment to date has included chiropractic treatment. (MRI) magnetic resonance imaging of the brain performed on 12/18/14 was read as normal. Currently, the IW complains of neck pain with excessive movement and pain between shoulder blades and lower back pain with prolonged standing. On the PR2 dated 1/6/15, the IW reported gradual improvements of pain and discomfort with chiropractic care. On 1/19/15 Utilization Review submitted 8 chiropractic office visits for manipulation and electrical stimulation to the cervical, thoracic and lumbar regions modified to 4 chiropractic visits for manipulation and electrical stimulation to the cervical, thoracic and lumbar area and 8 chiropractic office visits for manipulation and electrical stimulation to the shoulder modified to 4 chiropractor manipulation and electrical stimulation to the shoulder, noting the previous visits exceed the recommended amount of care; modified certification is for training and transitioning to a home based exercise program. The MTUS, ACOEM Guidelines and ODG were cited. On 1/27/15, the injured worker submitted an application for IMR for review of 8 chiropractic office visits for manipulation and electrical stimulation to the cervical, thoracic and lumbar regions modified to 4 chiropractic visits for manipulation and electrical stimulation to the cervical, thoracic and lumbar area and 8 chiropractic office visits for manipulation and electrical stimulation to the shoulder modified to 4 chiropractor manipulation and electrical stimulation to the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic office visits for manipulation and electrical stimulation to the cervical, thoracic and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 173, 298-9, Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or eff.

Decision rationale: The claimant presented with ongoing neck and back pain despite previous treatment with chiropractic and physiotherapy. Reviewed of the available medical records showed the claimant had completed 20 chiropractic visits with minimal improvement in pain and discomfort level. There is no objective functional improvement, and the patient continued to be temporarily totally disabled. Furthermore, the claimant has exceeded the total number of chiropractic treatments recommended by MTUS guidelines. Therefore, the request for additional 8 chiropractic visits is not medically necessary.

8 Chiropractic office visits for manipulation and electrical stimulation to the shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chiropractic Guidelines- Sprains and strains of shoulder and upper arm: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks

Decision rationale: The claimant presented with ongoing shoulder pain despite previous treatments with 20 chiropractic session with physiotherapy. There is minimal objective functional improvement noted; the claimant remained off work. There is no document of active self-directed home therapy, and the claimant has exceeded the total number of visits recommended by ODG guidelines. Therefore, the request for additional 8 chiropractic visits for the shoulder is not medically necessary.