

Case Number:	CM15-0112085		
Date Assigned:	06/18/2015	Date of Injury:	03/07/2013
Decision Date:	07/23/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/09/2015

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 36 year old female, who sustained an industrial injury on 3/7/13. She reported pain across the top of her shoulder (left greater than right) and mid to low back pain, stiffness and dizziness. The injured worker was initially diagnosed as having tension headaches. Treatment to date has included x-ray, MRI, nerve block, medication, chiropractic care and psychotherapy. Currently, the injured worker complains of headaches, neck and shoulder pain. The injured worker reports an increase in pain 8/10 with the use of left upper extremity. She reports some numbness going to the level of the first and second fingers of the left hand, limitation in activities of daily living and sleep disturbance. A PR-2 dated 3/31/15 noted modified work restrictions (no repetitive lifting, pushing or pulling over 15 pounds). Current diagnoses are cervical sprain/strain with minimal anterior bulging disc at C5-C6, cervical facet arthropathy C2-C6 (left greater than right) and headaches. A PR-2 dated 5/11/15 notes improvement in the injured workers symptoms. Pain level was reduced to 4/10. The injured workers neck pain persists and is rated as 6/10. On examination, cervical and left shoulder range of motion remains decreased and causes pain. Chiropractic care (12 sessions-3 times/week for 4 weeks) for manipulation, electrical muscle stimulators, therapeutic activities and myofascial release are requested. The goal is to improve the injured workers range of motion and decrease/eliminate her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy (manipulation, electrical muscle stimulators, therapeutic activities, myofascial release) 3 times a week for 4 weeks for the cervical spine: 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 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 objective measurable 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. Elective/maintenance care not medically necessary, Recurrences/flare-ups Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59.

Decision rationale: The claimant presented with chronic neck and low back pain. Previous treatments include medications, nerve block, psychotherapy, and chiropractic. Reviewed of the available medical records showed the claimant has had 12 chiropractic treatments visits with some improvement in her symptoms. However, based on evidences based MTUS guidelines, current request additional 12 chiropractic visits exceeded the guidelines recommendation of total up to 18 visits over 6-8 weeks. Therefore, it is not medically necessary.