

Case Number:	CM15-0114463		
Date Assigned:	06/25/2015	Date of Injury:	06/04/2010
Decision Date:	11/16/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/15/2015

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 40 year old male, who sustained an industrial injury on June 4, 2010, incurring upper back, neck and left shoulder injuries. He was diagnosed with cervical disc disease, cervical radiculitis, left wrist carpal tunnel syndrome and internal derangement of the left shoulder. Treatment included 6 chiropractic sessions which helped improve his symptoms and functional mobility. The injured worker benefited from a home exercise program and modalities including home traction. On October 27, 2014, the injured worker underwent a left shoulder arthroscopy with rotator cuff repair and subacromial decompression. Currently, the injured worker complained of constant neck pain rated 8 out of 10 radiating into the left arm to the hand with numbness and tingling. He had middle back pain with spasms radiating into both shoulders and left shoulder discomfort and pain radiating down into the left arm, wrist and hand. X rays of the cervical spine on April 22, 2015, revealed discogenic spondylosis, muscle spasms and rigidity. The treatment plan that was requested for authorization on June 15, 2015, included continued chiropractic sessions once a week for 12 weeks to the neck. On May 18, 2015, a request for continued chiropractic sessions for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued chiropractic sessions 1 x 12 (neck): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant presented with chronic neck pain. Previous treatments include medications, physical therapy, and home exercises. According to the available medical records, the claimant had completed a trial of 6 chiropractic visits with functional improvements. Progress report dated 05/18/2015 by the treating doctor revealed increase in neck range of motion, pain level decreased from 8/10 to 6/10, and improved in neck Oswestry index. Based on the guidelines cited, the request for additional 12 chiropractic visits is medically necessary.