

Case Number:	CM15-0119416		
Date Assigned:	06/29/2015	Date of Injury:	10/23/2014
Decision Date:	08/06/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/19/2015

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 24-year-old female, who sustained an industrial injury on 10/23/2014. Diagnoses include cervical musculoligamentous sprain/strain, thoracic musculoligamentous sprain/strain, and lumbosacral musculoligamentous sprain/strain with radiculitis, right shoulder tendinitis and tender scars on the right lower back, right posterior shoulder and right posterior axillary region. Treatment to date has included diagnostics and modified work. Per the Doctor's First Report of Occupational Injury or Illness dated 5/07/2015, the injured worker reported neck pain, back pain and right shoulder pain and skin lacerations. Physical examination of the thoracic, cervical and lumbar spine revealed tenderness to palpation with spasm and decreased ranges of motion. Right shoulder examination revealed tenderness and decreased range of motion. The plan of care included specialist consultations and authorization was requested for a hot and cold unit, consultation with a dermatologist and chiropractic evaluation and treatment of the thoracic spine, lumbar spine and right shoulder (2x4).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Evaluation and Treatment, Thoracic spine, Lumbar spine, Right Shoulder, 2 times wkly for 4 wks, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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." Page(s): 58.

Decision rationale: This request was appropriately modified to certify 6 of the requested 8 treatments, consistent with medical treatment utilization schedule guidelines. There was no rationale provided or evidence of any clinical findings that would suggest that the claimant is an outlier to the MTUS guidelines. The recommended initial trial of 6 treatments was appropriate. The requested 8 treatment submitted for IMR are not medically necessary.