

Case Number:	CM15-0172384		
Date Assigned:	09/14/2015	Date of Injury:	02/14/2012
Decision Date:	10/15/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/01/2015

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, Oriental Medicine

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 41 year old who sustained an industrial injury on 02-14-2012. Diagnoses include cervical spine sprain-strain injury, lumbosacral sprain-strain injury, contusion injury involving thoracic and lumbosacral spine, possible thoracic and lumbosacral disc injury, and myofascial pain syndrome, and she is status post hand surgery on 05-26-2015. Physician progress notes dated from 03-12-2015 to 07-30-2015 documents the injured worker complains of neck, middle-back and left shoulder pain. The pain was severe around the left shoulder and scapular border. There is tenderness in the cervical paraspinous to palpation with myofascial tightness and multiple tender and trigger points noted. Her left shoulder is tender to palpation, but her pain is severe around the left rhomboid musculature. Chiropractic sessions are ordered due to complaint of pain in her spine. Treatment to date has included diagnostic studies, medications, psychotherapy, injections, occupational therapy visits, acupuncture visits, and chiropractic sessions for his bilateral upper extremities. X-rays of the left shoulder done on 04-20-2015 demonstrated no evidence of fracture, dislocation or arthritis. She is not working, she recovering from hand surgery. A Magnetic Resonance Imaging was previously ordered but no reports were found in documentation submitted for review. Medications included Celebrex and Neurontin. On 08-10-2015 the Utilization Review non-certified the requested treatment of Chiropractic adjustment, Cervical Spine, Thoracic Spine, 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic adjustment, Cervical Spine, Thoracic Spine, 6 sessions: Upheld

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 utilization review document of August 10, 2015 denied the treatment request for chiropractic care, six visits to the cervical and thoracic spine citing CA MTUS chronic treatment guidelines. The reviewed medical records identified prior treatment to include six occupational therapy visits, 12 acupuncture visits and 12 chiropractic visits for management of residual bilateral upper extremity residuals. The medical necessity or continuation of chiropractic treatment is not supported by clinical evidence that the prior applied care led to any objective evidence of functional improvement, the prerequisite for consideration of additional treatment per CA MTUS chronic treatment guidelines.