

Case Number:	CM15-0179886		
Date Assigned:	09/21/2015	Date of Injury:	05/19/2014
Decision Date:	11/03/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/14/2015

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:

This injured worker is a 28 year old male, who sustained an industrial injury on 05-19-2014. The injured worker was diagnosed as having cervical herniated nucleus pulposus and left shoulder impingement. On medical records dated 08-20-2015 and 07-15-2015, subjective complaints were noted as neck pain and left shoulder pain that radiated down left upper extremity. Improving with chiropractic therapy and continued to have tightness and stiffness was noted. Objective findings were noted as having a positive Spurling's, Tinel's sign and Phalen's test. Left decreased C6 sensation and positive spasms in trapezius and rhomboid muscles. The injured worker was noted to be able to return to work with modifications. Treatment to date includes medication, unclear number of completed sessions of physical therapy and cervical epidural injections. The Utilization Review (UR) was dated 08-25-2015. A Request for Authorization was dated 08-20-2015. The UR submitted for this medical review indicated that the request for continued chiropractic services and message therapy of cervical spine and left shoulder 2 times a week for 6 weeks was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue chiropractic services & massage therapy, cervical spine, 2 times a week for 6 weeks: 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 medical necessity for the requested 12 additional chiropractic and massage therapy treatments for the cervical spine was not established. The rationale for the initial denial was that there was no evidence of functional improvement. The claimant underwent 6 sessions of chiropractic treatment from 11/26/2014 through 12/15/2014. There was no significant improvement in the claimant's condition. Visual analogue scores showed no improvement. The claimant then returned on 4/17/2015 and began 7 additional treatments through 6/3/2015. Again, there was no evidence of functional improvement or significant change in visual analogue pain scores. Given the absence of documented improvement as a result of the 13 treatments rendered to date, the medical necessity for the requested 12 additional treatments was not established and therefore is not medically necessary.

Continue chiropractic services & massage therapy, left shoulder, 2 times a week for 6 weeks: 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 medical necessity for the requested 12 additional chiropractic and massage therapy treatments for the left shoulder was not established. The rationale for the initial denial was that there was no evidence of functional improvement. The claimant underwent 6 sessions of chiropractic treatment from 11/26/2014 through 12/15/2014. There was no significant improvement in the claimant's condition. Visual analogue scores showed no improvement. The claimant then returned on 4/17/2015 and began 7 additional treatments through 6/3/2015. Again, there was no evidence of functional improvement or significant change in visual analogue pain scores. Given the absence of documented improvement as a result of the 13 treatments rendered to date, the medical necessity for the requested 12 additional treatments was not established and therefore is not medically necessary.