

Case Number:	CM15-0023816		
Date Assigned:	02/13/2015	Date of Injury:	10/04/2012
Decision Date:	05/14/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/09/2015

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: Chiropractic

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 (IW) is a 55 year old male who sustained an industrial injury on 10/04/2012. He reported pain in the shoulders and neck. The injured worker was diagnosed as having bilateral shoulder sprain/strain, neck sprain/strain and bilateral shoulder impingement syndrome with bilateral shoulder adhesive capsulitis. Treatment to date has included cortisone injections, physical therapy, a home exercise program, oral medication and topical medications medication. Currently, the injured worker complains of severe bilateral shoulder pain rated 8/10. A request for authorization is made for an initial trial of chiropractic treatment Cervical 2 times a week for 4 weeks (8 sessions). The carrier has modified the request and approved 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment Cervical 2 times a week for 4 weeks (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back Chapter, Manipulation Section.

Decision rationale: The patient has not received prior chiropractic care for his neck injury. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Neck & Upper Back Chapter recommend an initial trial of 6 sessions of chiropractic care. The UR department has modified the request and approved 6 sessions of chiropractic care in accordance with MTUS recommendations. I find that the 8 initial chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate as 6 sessions have already been approved.