

Case Number:	CM15-0092780		
Date Assigned:	05/19/2015	Date of Injury:	10/17/2014
Decision Date:	06/18/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/13/2015

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, Minnesota
 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 53-year-old male, who sustained an industrial injury on 10/17/14. He reported initial complaints of neck and shoulder pain. The injured worker was diagnosed as having sprain/strain cervical spine; sprain shoulder. Treatment to date has included acupuncture; chiropractic therapy; medications. Diagnostics included X-rays cervical spine (11/7/14); EMG/NCV study upper extremities (12/10/14); X-rays right clavicle/shoulder (11/7/14); MRI cervical spine (2/11/15). Currently, the PR-2 notes dated 3/16/15 indicated the injured worker for an orthopedic re-evaluation. The injured worker states he is experiencing pain in the neck, right elbow, right hand and lower back with a pain level overall (/10. He also reports numbness and tingling sensations on the right posterior side of his head. Objective findings note cervical spine with limited range of motion. His right shoulder reveals tenderness upon palpation along the right collarbone and right side of the shoulder blade. There are noted muscle spasms in the right trapezius with swelling noted in the right collarbone area. The cervical MRI dated 2/11/15 impression of multilevel canal stenosis and a neuroforaminal narrowing most severe at C6-7. There is also evidence of Grade I retrolisthesis. The provider notes the right shoulder at this time as a sprain/strain. A recent EMG/NCV study reveals, "Martin-Gruber anastomosis vs carpal tunnel syndrome of the bilateral wrists" (12/10/14) and the same study reveal acute right C5, C6 and C7 cervical radiculopathy. The provider has requested Chiropractic care 2x4 (8 sessions) for the cervical spine and right shoulder, which were modified at Utilization Review to 6 sessions only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2x4 (8 sessions) cervical and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back(and neck) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested chiropractic manipulation of 8 sessions or 2 times per week for 4 weeks for the cervical spine and right shoulder. The request for treatment is not according to the above guidelines for the cervical spine and therefore the treatment is not medically necessary. There is no treatment recommendation of manipulation for the shoulder and therefore the treatment is not medically necessary.