

Case Number:	CM15-0093124		
Date Assigned:	05/19/2015	Date of Injury:	08/21/2014
Decision Date:	06/19/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/14/2015

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, 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 30-year-old female, who sustained an industrial injury on 08/21/2014. She reported pain to the left upper extremity, shoulder, elbow, forearm, and wrist secondary to repetitive work activities. The injured worker was diagnosed as having cervicobrachial syndrome, paraspinal myofascitis, and tendinitis. Treatment and diagnostic studies to date has included medication regimen, physical therapy, injection to the left subacromial space, laboratory studies, x-rays of the cervical spine, at least ten chiropractic therapy sessions, and home stretching and stabilization program. In a progress note dated 03/12/2015 the treating physician reports complaints of pain to the neck, shoulder, arm, and headaches with home activities of daily living, but the treating physician also notes an 80% improvement to the neck and arm. The documentation also noted that the injured worker did well with chiropractic therapy and the treating physician recommends that the injured worker be evaluated for trigger point therapy. Examination reveals decreased range of motion to the shoulder and cervical spine. The treating physician also notes trigger points to the trapezius, anterior scalene, rotator cuff, and forearm muscles with radicular patterns. The treating physician requested evaluation and 3 chiropractic therapy sessions for the cervical spine, but the documentation did not indicate the specific reason for the additional chiropractic therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and 3 chiropractic visits for the cervical spine: Overturned

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

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 is requesting evaluation and 3 chiropractic visits for the cervical spine. The request for care appears to be within the above guidelines and therefore the treatment is medically necessary. In order to receive further Chiropractic care the doctor needs to document objective functional improvement by increased ROM of the cervical spine, reduced meds, and/or improvement in work status.