

Case Number:	CM13-0047903		
Date Assigned:	12/27/2013	Date of Injury:	06/02/2011
Decision Date:	03/14/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 45-year-old female with date of injury 06/02/2011. Listed impressions per treating physician's report 08/24/2013 are: (1) Cervicalgia, (2) Cervical and thoracic strain, (3) Right upper cervical radiculopathy. The patient suffers from slowly progressive symptoms since June of 2011, principally, right-sided headaches, right cervical and thoracic musculoskeletal pain and right upper extremity shoulder upper extremity pain numbness and weakness. Recommendation was for chiropractic visits 12 sessions for cervical and thoracic spine issues. The treating physician notes that the patient has had some 24 physical therapy visits with only 30% overall improvement. There is a request for authorization dated 09/19/2013 for physical therapy 1 time a week for 12 visits and chiropractic 1 time a week for 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the cervical spine (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with chronic neck pain with upper extremity pains. The treating physician has requested 12 sessions of chiropractic treatments 1 time a week for 12 weeks. MTUS Guidelines for manual therapy and manipulation under treatment parameters recommend trial of 6 visits over 2 weeks with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The current request for 12 sessions exceeds what is allowed by MTUS Guidelines for trial of chiropractic treatments.

Physical therapy (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with chronic neck pain, upper extremity pain, and headaches. The treating physician has asked for 12 sessions of physical therapy 1 time a week for 12 weeks. This request is per September 19 report. The treating physician does not provide any specific rationale as to the reasons for physical therapy other than the patient's subjective pain. MTUS Guidelines recommends for myalgia/myositis unspecified, 9 to 10 visits over 8 weeks. For neuralgia, neuritis/radiculitis, 8 to 10 visits are recommended. In this case, the treating physician reports that the patient has had 24 sessions in the past with some improvement. However, the current request for 12 sessions exceeds what is allowed by MTUS Guidelines for myalgia/myositis type of problems as well as radiculitis problems that this patient is struggling with. It would also appear that the patient has had adequate physical therapy in the past. Medical records provided for review include physical therapy reports dated 02/19/2013, 04/15/2013, 05/06 and 09/2013, 05/18/2013, and 06/13/2013. The patient should be able to perform home exercises to manage chronic pain. Given that MTUS allows only 10 sessions for this type of pain.