

Case Number:	CM13-0064259		
Date Assigned:	01/03/2014	Date of Injury:	10/30/2013
Decision Date:	04/15/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/11/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 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/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:

The patient is a 46-year-old female who reported an injury on 10/03/2013 due to cumulative trauma while performing normal job duties. The patient reportedly sustained an injury to her upper back and low back. The patient's initial primary treating physician visit documented that the patient had tenderness to palpation and spasming of the suboccipitals and the upper trapezius muscles bilaterally. It was also documented that the patient had tenderness to palpation and spasming of the paraspinal musculature of the thoracic spine and lumbar spine. The patient had significantly limited lumbar range of motion. The patient's diagnoses included a cervical spine sprain/strain, lumbar spine sprain/strain, myospasms, coccydynia, chronic pain, anxiety, depression and insomnia. It was also noted within the documentation that the patient underwent a psychological symptom questionnaire that documented that the patient had feelings of tension, sleeplessness, anxiety, depression, tiredness, fatigue, feelings of helplessness and other psychiatric overlay. Treatment recommendations were made, to include chiropractic care, acupuncture, additional manual muscle testing and a psychiatric evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

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

Decision rationale: The requested chiropractic care 2 times 6 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of chiropractic treatments for patients with back injuries. However, a clinical trial of 6 visits to establish the efficacy of this treatment modality is recommended by the California Medical Treatment Utilization Schedule. The clinical documentation does not provide any evidence that the patient has had any previous chiropractic care. Therefore, a trial for this patient would be indicated. However, the requested 12 treatments exceed the guideline recommendations of a 6 visit clinical trial. There were no exceptional factors noted within the documentation to support extending the treatment beyond guideline recommendations. As such, the requested chiropractic care 2 times 6 is not medically necessary or appropriate.

Acupuncture 2x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested acupuncture 2 times 6 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends acupuncture as an adjunct treatment to active physical therapy. The clinical documentation submitted for review fails to provide any evidence that the patient is participating in any type of active therapy for pain control. Additionally, the California Medical Treatment Utilization Schedule recommends a trial of 4 to 6 treatments to establish the efficacy of this treatment modality. The clinical documentation does not provide any evidence that the patient has previously received any acupuncture treatments. Therefore, a trial would be appropriate for this patient. However, the request for 12 acupuncture treatments exceeds the guideline recommendations. There were no exceptional factors noted within the documentation to support extending treatment beyond the guideline recommendations. As such, the requested acupuncture 2 times 6 is not medically necessary or appropriate.

Range of Motion (ROM) testing; lumbar, cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back Chapter, Flexibility.

Decision rationale: The requested range of motion testing for the lumbar and cervical spines is not medically necessary or appropriate. The Official Disability Guidelines do not recommend computerized range of motion testing. There was no explanation of why a basic evaluation from

the physician would not provide adequate information and contribute to the patient's treatment planning. There was no supporting evidence that testing beyond what can be provided by the physician is needed. As such, the requested range of motion testing for the lumbar and cervical spines is not medically necessary or appropriate.

Psych Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, Page(s): 100.

Decision rationale: The requested psych consultation is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient does have deficits that may benefit from a psychological evaluation. The California Medical Treatment Utilization Schedule does recommend psychological evaluations to determine if further psychosocial interventions would assist the patient in the management of chronic pain. However, the request as it is submitted does not clearly identify why the psychological evaluation is being requested. The request, as it is submitted, would be considered vague, and the appropriateness of the request cannot be determined. As such, the requested psych consult is not medically necessary or appropriate.