

Case Number:	CM13-0064391		
Date Assigned:	01/03/2014	Date of Injury:	06/17/2011
Decision Date:	04/18/2014	UR Denial Date:	11/12/2013
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 Illinois. 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 54-year-old female who reported an injury on 06/17/2011. The mechanism of injury was cumulative trauma. The patient's diagnoses were noted to include cervical musculoligamentous sprain/strain and degenerative disc disease. The patient had complaints of neck pain radiating to the right hand with numbness and tingling. The physical examination revealed that the patient had crepitus and impingement and cross-arm tests that elicited pain after performance. The patient's range of motion was decreased. The clinical documentation indicated that the patient had 17 visits of chiropractic care between 11/21/2011 and 12/28/2012. The request was made for cervical traction once per week for 4 weeks, a follow-up with a rheumatologist and a psychiatric re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE FOR THE NECK (4 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Chiropractic Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Manipulation

Decision rationale: The California MTUS Guidelines state that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The MTUS does not specifically address manipulation for the neck. As such, secondary guidelines were sought. Per the Official Disability Guidelines, the treatment for regional neck pain is 9 visits over 8 weeks. Clinical documentation submitted for review indicated the patient had 17 prior visits. There was a lack of documentation of objective functional benefit received from chiropractic manipulation to support ongoing therapy. Given the above, the request for additional chiropractic care is not medically necessary at this time.

ONE (1) FOLLOW-UP VISIT WITH THE RHEUMATOLOGIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

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

Decision rationale: Per the Official Disability Guidelines, the need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. There was a lack of documented rationale for the follow-up visit with a rheumatologist. Given the above and the lack of documentation, the requested follow-up with the rheumatologist is not medically necessary at this time.

ONE (1) PSYCHIATRIC RE-EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that there should be consideration of a psych consult if there is evidence of depression, anxiety or irritability. Clinical documentation submitted for review indicated per the physician that the patient continued to experience stress and anxiety over chronic pain and physical limitations. However, there was a lack of documentation of subjective complaints, as well as documentation of observed behaviors to support the necessity for a psychiatric re-evaluation. Given the above, the request for 1 psychiatric re-evaluation is not medically necessary at this time.