

Case Number:	CM14-0159459		
Date Assigned:	10/03/2014	Date of Injury:	02/21/2014
Decision Date:	10/31/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational Medicine 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 claimant was injured on 02/21/14. A consultative referral to a chiropractor is under review. The claimant reported stress from work and verbal abuse from her boss. She was treated for depression, anxiety, irritability, insomnia, trouble concentrating, diminished confidence, and fatigue. She also complained of neck and back muscle tension and pain with headache and crying episodes. She had gastrointestinal complaints and weight gain with difficulty sleeping. Chiropractic was recommended. She received an extensive psychological evaluation. She also reported clenching and grinding of her teeth. Significant psychological symptoms were noted. She has taken medications and has had multiple studies. She has been diagnosed with GERD, asthma, and hyperlipidemia but there is no evidence of physical functional deficits or a physical injury. A note dated 08/18/14 briefly mentions an unrelated history of lumbosacral sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for consultative referral to a chiropractor (DOS 7/28/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127

Decision rationale: The history and documentation do not objectively support the retrospective request for consultative referral to a chiropractor (DOS 7/28/14). The MTUS state "if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment." In this case, the indication for this type of referral is unclear. There is no evidence of any physical injuries or ongoing physical functional deficits for which chiropractic appears to be indicated. The specific goals that are anticipated from this type of treatment are not stated. No information was provided to support this type of consultation. There is evidence that she reported depression and anxiety and multiple other symptoms which are not likely to respond to chiropractic. The medical necessity of this request for a chiropractic consultation has not been clearly demonstrated and thus, the request is not medically necessary.