

Case Number:	CM14-0043458		
Date Assigned:	07/02/2014	Date of Injury:	01/26/2010
Decision Date:	11/20/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/10/2014

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:

This is a 37 year-old male who has reported mental illness; and neck, back, and shoulder pain after an injury on 01/26/2010. Diagnoses include rotator cuff tears, MRSA infection, lumbar strain/strain, lumbar facet syndrome, depression, and cervical strain. The medical records do not contain a clear account of the treatment history. Treatment has included antibiotics and prolonged total disability. Recent reports from the treating orthopedic surgeon refer to self-procured chiropractic care. Per the PR2 of 03/04/14, there was ongoing neck pain, headaches, and back pain. No history of the neck pain was provided. Neck findings consisted of decreased and painful range of motion. The treatment plan included an MRI of the cervical spine and a course of chiropractic treatment 2-3 times a week for 4-6 weeks. There was no discussion of the specific indications for this treatment. There was no discussion of function. The work status was "temporarily totally disabled" per this and all the other available reports in 2013 and 2014. Per the Request for Authorization of 3/11/14, the treating orthopedic surgeon prescribed an MRI of the cervical spine and chiropractic treatment for the cervical spine. On 03/21/2014 Utilization Review certified 6 of 18 requested chiropractic visits and non-certified a cervical MRI. The MTUS was cited in support of the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment; two-three (2-3) times a week for four- six (4-6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Manual therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. Given that the focus of manipulative therapy is functional improvement, "temporarily totally disabled" is not an appropriate starting point for therapy, and does not represent a sufficient emphasis on restoring function. No manual and manipulative therapy is medically necessary based on the lack of emphasis on functional restoration and a prescription (for 18 visits) which exceeds that recommended in the MTUS (6 visit trial).

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: The ACOEM Guidelines 2nd Edition portion of the MTUS provides direction for performing imaging of the spine. Per the MTUS citation above, imaging studies are recommended for "red flag" conditions, physiological evidence of neurological dysfunction, and prior to an invasive procedure. This injured worker had no objective evidence of any of these conditions or indications for an invasive procedure. The treating physician has not documented any specific neurological deficits or other signs of significant pathology. Per the MTUS, imaging is not generally necessary absent a 3-4 week period of conservative care. The treating physician did not describe an adequate course of conservative care prior to prescribing an imaging study. The MRI is not medically necessary based on the recommendations in the MTUS.