

Case Number:	CM14-0063098		
Date Assigned:	07/11/2014	Date of Injury:	05/09/2011
Decision Date:	09/15/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 40 year old female who sustained injury to her neck on 05/09/11 while performing her usual and customary duties as a microfilm technician; she grabbed some microfilms and felt a shooting pain from her right middle finger up her arm. She stated that she also twisted her right wrist while picking up microfilm and felt shooting pain up the arm. The injured worker was treated for chronic neck pain with continued numbness and tingling. Clinical note dated 03/10/14 revealed that the patient had a positive Adson's test bilaterally, muscle spasm, tenderness, and decreased range of motion. There was no muscle weakness. Treatment to date has included medications, physical therapy, chiropractic acupuncture, scalene block and Botox injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with Neurologist: 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 Official Disability Guidelines (ODG) Office vistic, Pain chapter.

Decision rationale: Previous request was denied on a basis that was unspecified. The Official Disability Guidelines state that the need for clinical office visit with a healthcare provider is individualized based upon a review of the patient concerns, signs, and symptoms, and reasonable physician judgment. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best injured worker outcomes are achieved with eventual injured worker independence from the health care system through self-care as soon as clinically feasible; however, no information was submitted indicating medical necessity of consult with neurologist. Given this, the request for consult with neurologist is not indicated as medically necessary.

Twelve Chiropractic sessions: Upheld

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

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

Decision rationale: Previous request was denied on the basis that the records indicate that the injured worker has been certified for at least 33 chiropractic visits over the last 12 months. Additionally, there was no evidence of functional improvement or restoration during this course of care and the injured worker continued to experience chronic pain with numbness and tingling. Guidelines recommend chiropractic treatment for chronic neck pain and neck disorders for two to three weeks. With evidence of significant objective functional improvement, additional visits may be recommended. A total of up to 18 visits over six to eight weeks is the recommendation for low back, per CA MTUS. There was no additional significant objective clinical information provided for review that would support the need to exceed the CA MTUS recommendations, either in frequency or duration of chiropractic manipulation visits. Given this, the request for 12 chiropractic sessions is not indicated as medically necessary.