

Case Number:	CM14-0074289		
Date Assigned:	07/16/2014	Date of Injury:	04/08/2005
Decision Date:	09/09/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/21/2014

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 patient is a 52 y/o female who has developed a chronic pain syndrome subsequent to an injury dated 4/08/05. She has pain involving her right shoulder, cervical and lumbar regions. She has recently been evaluated by an orthopedic surgeon who recommended a shoulder MRI. The primary treating physician is a chiropractor who is having her follow up with a physiatrist for medication management. She is utilizing Cymbalta, Norco and Ultram. Her VAS scores range from 6-8/10 and she remains off of work. There has been a request for chiropractic 2 sessions for a flare-up of pain in the lumbar region. The treating chiropractor does not document the prior number of sessions completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued PMR pain medication management with [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Frequency of Visits Page(s): 89.

Decision rationale: The requested monthly follow up visits for medication management is consistent with MTUS Guidelines. The follow up visits are medically necessary.

Chiropractic visits QTY: 2: Upheld

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

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

Decision rationale: Unless the chiropractic manipulation is supporting high level functions and a return to work, the MTUS Guidelines do not support the episodic use of chiropractic manipulation for flare-ups. It is clearly documented that this patient has not returned to level of functioning that includes return to work. Per Guidelines the requested 2 sessions of chiropractic is not medically necessary. There are no unusual circumstances that justify an exception to Guidelines.