MAXIMUS Federal Services

Case Number:	CM14-0086159		
Date Assigned:	07/23/2014	Date of Injury:	08/05/2013
Decision Date:	08/27/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

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 Licensed in Chiropractic, has a subspecialty in Pediatric Chiropractic, and is licensed to practice in California, Washington, and New Mexico. 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 29 year old individual with an original date of injury of 8/5/13. The mechanism of injury occurred when the patient developed neck pain related to anxiety over a robbery at her place of employment. At this time, the patient is not working. The injured worker has undergone 5 acupuncture treatments, 24 physical therapy treatments, and 24 chiropractic treatments. There is no documented objective, functional improvement noted. The disputed issues are a request for 24 additional chiropractic treatments, computerized ranges of motion and muscle testing, and an orthopedic consultation. An earlier Medical Review made an adverse determination regarding this request. The rationale for this adverse determination was that the requests do not meet medical guidelines of the CA MTUS, ACOEM and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Chiropractic treatment visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Regional Neck Pain.

Decision rationale: The CA MTUS Guidelines recommend chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. Recurrences/flare-ups: Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The Official Disability Guidelines recommend chiropractic treatments for regional neck pain at 9 visits over 8 weeks. If there is objective functional improvement, up to a total of 18 visits over 6-8 weeks may be recommended. There is insufficient documented objective, functional improvement from the previous chiropractic treatment. The request exceeded the guidelines. The request for 24 additional chiropractic treatments is not medically necessary.

1 computerized ROM & muscle testing: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Neck and Upper Back, and Low Back Chapters.

Decision rationale: CA MTUS does not mention computerized range of motion and muscle testing, therefore ODG is referenced. This form of testing is not recommended, when the same measurements can be done with inclinometers and where the result is of unclear therapeutic value. The request for computerized ranges of motion and muscle testing is not medically necessary.

1 Orthopedic Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: ACOEM Guidelines indicate that reasons for an orthopedic referral would be those that are referred to as red flags, or neurologic findings. This case presents with none of the usual neurologic signs that would require an orthopedic consult. The request for an orthopedic consultation is not medically necessary.