MAXIMUS Federal Services

Case Number:	CM13-0004036		
Date Assigned:	03/03/2014	Date of Injury:	06/19/1995
Decision Date:	02/28/2015	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/29/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Emergency Medicine

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 is a 53 year old female who was injured on 6/19/95 when she slipped on some grease that was on the floor and landed on her bottocks. She reported the injury to her manager and was evaluated at an urgent care center where x-rays were performed.She was placed off work for 1 week. According to the Agree Medical Exam dated 9/4/14, she was evaluated by a chiropractor on 8/10/95 through until 10/5/95 when she was discharged as "cured" after 21 treatments. She returned to work with self imposed restrictions until 1/26/96 when she resigned from her position. From this point the claimant has undergone multiple procedures and therapies. Past treatment has included orthopedic, cardiac, and neurosurgical consults, pain management, pain medications, dental implants, lumbar laminectomy, carpal tunnel surgery,cervical fusion, EKG, EMGs, MRI's, CT's, X-rays, infusion pump implant and removal, psychiatric therapy, physical therapy, gastric bypass, assisted living care, and Chiropractic therapy.Diagnoses includes loss of teeth due to trauma, post laminectomy syndrome, radiculitis, myalgia, myositis, depressive disorder, cardiomyopathy, fibromyalgia, nausea and vomiting, failed back syndrome,and abdominal pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulative Treatment Spinal 1-2 Regions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guideline, Chiropractic Guidelines

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

Decision rationale: The MTUS Chronic Pain Guidelines state that manipulation of the Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, withevidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The claimant has previously received 21 chiropractic treatments with no objective functional improvement documented in the file presented. Due to the lack of functional improvement after 21 prevous visits and the request exceeding MTUS recommendations the treatment request is deemed not medically necessary.

Office Consultation New/Established Patient 80 Min: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultation, page 127; and on the Non-MTUS Emedicine.medscape.com - Tuberculosis, Thomas E Herchline, MD and Occupational Medicine Practice Guidelines: Evaluation and Management of Common Health Problems and Functional Recovery in Workers

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse (www.guideline.gov)

Decision rationale: The California MTUS Guidelines and Official Disability Guidelines are silent on this issue. Review of records submitted failed to document concern regarding weight loss, cough, fevers, night sweats, or hemoptysis. In addition, the IW does not have underlying medical conditions that would increase her susceptibility to contracting tuberculosis, nor does the record reflect exposure to individuals with tuberculosis .The standards for screening for tuberculosis include placement of a Mantoux tuberculin skin test (PPD) or in some circumstances, Interferon-gamma testing is used. In the absence of supportive signs and symptoms, evaluation by [redacted] is not medically necessary.