

Case Number:	CM14-0124465		
Date Assigned:	08/08/2014	Date of Injury:	03/23/2010
Decision Date:	04/22/2015	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/06/2014

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. 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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic neck, mid back, and shoulder pain reportedly associated with an industrial injury of March 23, 2010. In a Utilization Review Report dated July 23, 2014, the claims administrator failed to approve a request for 12 sessions of chiropractic manipulative therapy for the cervical spine and bilateral shoulder. An RFA form of July 1, 2014 and associated progress note of June 18, 2014, were referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten note dated June 18, 2014, difficult to follow, not entirely legible, the attending provider acknowledged that the applicant was no longer working and was receiving total temporary disability benefits. The applicant's employer is apparently unable to accommodate an extremely proscriptive 10-pound lifting limitation. The applicant remains dependent on Norco, Voltaren, dietary supplements, and a topical compounded cream. Additional manipulative therapy and a high-tech heating device were endorsed, along with trigger point injection therapy. Multifocal complaints of pain, 8/10, were reported. In an earlier note dated May 20, 2014, handwritten, difficult to follow, not entirely legible, the attending provider once again acknowledged that the applicant was not, in fact, working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3x wk x4wks cervical spine, bilateral shoulders: 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 & manipulation Page(s): 59-60.

Decision rationale: No, the request for 12 sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant was off of work as of the June 18, 2014 progress note on which additional chiropractic manipulative therapy was proposed. Pursuit of additional chiropractic manipulative therapy was not, thus, indicated in the face of the applicant's failure to return to work. Therefore, the request was not medically necessary.