

Case Number:	CM14-0195729		
Date Assigned:	12/03/2014	Date of Injury:	12/13/2012
Decision Date:	01/15/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 61 year old female with an injury date on 12/13/2012. Based on the 10/15/2014 progress report provided by the treating physician, the diagnoses are: 1. Brachial Neuritis / Radiculitis other 2. Sprain/strain lumbosacral 3. Sprain/strain thoracic region. According to this report, the patient complains of constant stiff achy 2/10 neck pain, sore 2/10 mid back pain, and constant sharp 2/10 low back pain. The objective findings were not included in this report for review. The 09/23/2014 report indicates "pain continues but is mildly relieved with Norco" and "Chiropractic care and physiotherapy has been functionally and subjectively helping the patient." Patient is to "remain off work until 12/10/2014." There were no other significant findings noted on this report. The utilization review denied the request for Spinal Manipulation, Manual Therapy and Ems, infrared 2x4 Lumbar /Cervical/Thoracic and Re-Exam 1x/month Lumbar/ Cervical/ Thoracic on 10/22/2014 based on the ODG guidelines. The requesting physician provided treatment reports from 04/10/2014 to 11/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Manipulation, Manual Therapy and Ems, infrared 2x4 Lumbar /Cervical/Thoracic:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: According to the 10/15/2014 requesting report, this patient presents with constant stiff achy 2/10 neck pain, sore 2/10 mid back pain, and constant sharp 2/10 low back pain. The current request is for Spinal Manipulation, Manual Therapy and Ems, infrared 2x4 Lumbar /Cervical/Thoracic. The Utilization Review denial letter states "The claimant has recently completed a modified plan of five visits." Regarding chiropractic manipulation, MTUS recommends it as an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/ flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. Review of the 09/23/2014 report shows chiropractic care "has been functionally and subjectively helping the patient." Pain is now 2/10. The total number of prior treatments is not known, but the patient did experience benefit from the reported 5 visits. The current request is for 8 sessions do not appear excessive. MTUS does allow up to 18 sessions with functional improvement. Therefore, the request is medically necessary.

Re-Exam 1x/month Lumbar/Cervical/Thoracic: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: According to the 10/15/2014 requesting report, this patient presents with constant stiff achy 2/10 neck pain, sore 2/10 mid back pain, and constant sharp 2/10 low back pain. The current request is for Re-Exam 1x/month Lumbar/Cervical/ Thoracic. Regarding re-exam, MTUS guidelines page 8 states that the treating physician must monitor the patient and provide appropriate treatment recommendations. In this case, monthly re-examination of the patient to management the patient chronic condition appears reasonable and appropriate. The request is medically necessary.