

Case Number:	CM14-0205088		
Date Assigned:	12/17/2014	Date of Injury:	03/20/1997
Decision Date:	02/26/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/08/2014

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: California
 Certification(s)/Specialty: Chiropractor

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 an 82-year-old female who was involved in a work injury on 3/20/1997 in which she injured her neck and bilateral wrists. The claimant was treated and ultimately discharged having achieved a permanent and stationary status. The claimant has since treated with [REDACTED] [REDACTED] for complaints of periodic neck and wrist pain. The claimant presented to the provider's office on 6/24/2014 complaining of increased of her chronic complaints. The claimant received a total of 5 treatments through 7/23/2014 at which time she was released back to her permanent and stationary level. The claimant had periodic follow-up evaluations with [REDACTED] at which time the recommendation was for continued follow-up with her medical provider for pain medication. On 10/17/2014 the claimant returned to the provider's office complaining of an exacerbation of her chronic complaints. This resulted in a request for 5 treatments to address her exacerbation. The request was denied by the insurance company. On 11/6/2014 the provider submitted an appeal letter regarding the denial of treatment. On 11/21/2014 the claimant was reevaluated by [REDACTED]. It was noted that the claimant continued to note elevated pain levels as a result of the exacerbation from October 2014. The provider submitted a request for 5 treatments "due to the continued flare up. Appealed on 11/6/2014 with no response. Please give status. Her condition is worsening due to W/C not authorizing proper medical care." An RFA dated 11/24/2014 noted a request for 5 treatments. This request was denied by peer review on 12/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Five sessions of Chiropractic to the cervical spine and bilateral wrists: 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) Neck and Upper Back Chapter, Manipulation

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

Decision rationale: The previous rationale for denial was that "the clinical findings lack improvement of the cervical spine and bilateral wrist from the completed treatment. As per the evidence-based guidelines, the patient's lack of objective functional improvement with prior treatments completed, and the frequency of treatment, the request for 5 chiropractic visits is not medically necessary." The available documentation for this review includes the past treatment history. A review of the treatment history reveals that the claimant has treated on a periodic basis for exacerbations. Most recently the claimant received 5 treatments from 6/24/2014 through 7/23/2014 at which time she was released having return to her permanent and stationary level. This indicates that past treatment history has provided functional improvement and allowing the claimant to return to a home exercise program. The claimant returned approximately 3 months later complaining of increased pain. Given the clinical findings on examination a course of 5 treatments can be considered appropriate. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 5 treatments are consistent with this guideline. Therefore, following a review of the submitted documentation I recommend certification of the requested 5 treatments.