

Case Number:	CM14-0208167		
Date Assigned:	12/22/2014	Date of Injury:	05/04/2014
Decision Date:	02/18/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/12/2014

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: Physical Medicine & Rehabn

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 30 year old male with an injury date on 05/04/2014. Based on the 11/11/2014 progress report provided by the treating physician, the diagnoses are: 1. Dizziness2. Headache3. Cervical pain4. Cervical radiculopathy5. Cervical sprain/strain6. Rule out cervical disc protrusion7. Anxiety8. Depression9. Irritability10. Nervousness According to this report, the patient complains of "intermittent moderate dull, achy, sharp headache." Cervical spine is "constant moderate dull, achy, sharp neck pain, aggravated by looking up, looking down and turning. Pain level is 5/10 level." Thoracic spine is "intermittent moderate dull, achy, sharp upper/mid back pain, associated with bending and twisting. Pain level is 3/10 pain level." Examination findings show decreased cervical and thoracic ranges of motion that is "painful." Cervical Distraction, Shoulder Depression test, Kemp's test are positive. The treatment plan is awaiting for neurology and psych consult, FCE test, NCV/EMG report pending, awaiting for MRI reports, refer to acupuncture, reviewed Cardio-Respiratory report, request chiropractic, Home Internal home unit, and request Internal Medicine consult. The patient's past treatment consists of Nerve Conduction, cardio respiratory test, stress test, sleep disordered study, diagnostic testing, trigger pints, x-ray, and MRI. The patient's work status is "remain off work until 12/26/2014." The utilization review denied the request for (1) chiropractic sessions, twice weekly for four weeks and (2) internal medicine consult for a cardio-respiratory report and sleep study recommendation on 11/26/2014 based on the MTUS/ACOEM guidelines. The requesting physician provided treatment reports from 06/17/2014 to 11/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions, twice weekly for four weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Page(s): 58 - 59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Manipulation Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Therapy Page(s): 58, 59.

Decision rationale: According to the 11/11/2014 report, this patient presents with headache, neck, and upper/mid back pain. Per this report, the current request is for chiropractic sessions, twice weekly for four weeks. The treating physician does not mention if a patient has had previous chiropractic care. The MTUS guidelines state, "A Delphi consensus study based on this meta-analysis has made some recommendations regarding chiropractic treatment frequency and duration for low back conditions. They recommend an initial trial of 6-12 visits over a 2-4 week period, and, at the midway point as well as at the end of the trial, there should be a formal assessment whether the treatment is continuing to produce satisfactory clinical gains." Reviewing of the provided report shows "request chiropractic 2x4 to increase ROM and ADLs and decrease pain." The current request for a trial of 8 chiropractic sessions is supported by the MTUS guidelines. The request is medically necessary.

Internal medicine consult for a cardio-respiratory report and sleep study recommendation: 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), Cardio Pulmonary Tests and Sleep Study Chapters

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter, Ch. 7 page 127, consult.

Decision rationale: According to the 11/11/2014 report, this patient presents with headache, neck, and upper/mid back pain. Per this report, the current request is for internal medicine consult for a cardio-respiratory report and sleep study recommendation. The treating physician requests Internal Medicine consult "to review Cardio respiratory report and sleep study recommendations." In reviewing the available reports, the treating physician provided the "sleep disordered breathing respiratory diagnostic study report" dated 06/28/20014 and the "cardio-respiratory diagnostic testing report" dated 11/11/2014. The ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or

course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the current request is supported by the ACOEM guidelines for specialty referral. The treating physician has the Cardio respiratory and Sleep study reports and is in need of Internal Medicine consultation to view and make recommendation. The current request is medically necessary.