

Case Number:	CM14-0217972		
Date Assigned:	02/12/2015	Date of Injury:	04/16/2009
Decision Date:	04/17/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/29/2014

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 25-year-old who has filed a claim for chronic neck and low back pain with derivative complaints of temporomandibular joint disorder (TMJ), anxiety, depression, and posttraumatic headaches reportedly associated with an industrial injury of April 15, 2009. In a Utilization Review Report dated December 2, 2014, the claims administrator failed to approve requests for chiropractic manipulative therapy, psychology, TMJ consultation, and an otolaryngology consultation. The applicant's attorney subsequently appealed. In a progress note dated July 14, 2014, the applicant's primary treating provider placed the applicant off of work, on total temporary disability. The applicant had issues with neck pain, low back pain, TMJ, history of facial bone fractures, insomnia, weight gain, and alleged sleep apnea. The applicant was apparently in the process of transferring care to a new primary treating provider. The applicant was asked to consult a psychologist, an oral-maxillofacial specialist and/or otolaryngologist, and a sleep specialist to consider a sleep device. A podiatry consultation was also proposed for ancillary complaints of foot and ankle pain. The applicant was not working, it was acknowledged in several sections of the report. A dental report dated December 11, 2014 suggested, admittedly through preprinted checkboxes, that the applicant had issues with bruxism, clenching, grinding, myofascial pain syndrome, and temporomandibular joint disorder (TMJ). An oral appliance was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy two to four times a week for six weeks for the cervical/lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

Decision rationale: No, the request for chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. The request in question does seemingly represent request for extension of previously ordered chiropractic manipulative therapy. 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, here, however, the applicant was off of work, on total temporary disability, as of the date of the request. Therefore, the request was not medically necessary.

Psychology two to four times a week for six weeks (claims administrator unable to verify if the request is for therapy or consultation): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 15, page 405, the frequency of follow-up visits should be dictated by the severity of an applicant's symptoms. Here, the request for psychotherapy/psychological counseling seemingly represents open-ended psychological treatment, without any proviso to re-evaluate the applicant in the applicant in the midst of treatment so as to ensure program progression or functional improvement or any proviso to base the frequency of office visits on the actual severity of the applicant's mental health issues. Therefore, the request was not medically necessary.

TMJ/dental specialist consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The request for a TMJ-dental specialist consultation, conversely, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate if a practitioner is uncomfortable with treating or addressing a particular cause of delayed recovery. Here, the applicant's primary treating provider (PTP), a chiropractor (DC) may, in fact, be ill-equipped to address issues and/or allegations of bruxism, TMJ, clenching, and grinding. Obtaining the added expertise of a dentist who is better equipped to address such issues, thus, was indicated. Therefore, the request was medically necessary.

ENT specialist consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Finally, the request for an ENT consultation was likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate if a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the applicant has various issues including residual facial pain status post earlier facial fractures, residual disfiguration and discomfort of the facial region, sleep apnea, etc. All of these issues would be better addressed by an otolaryngologist or ENT specialist. Therefore, the request was medically necessary.