

Case Number:	CM15-0007793		
Date Assigned:	01/23/2015	Date of Injury:	01/21/2010
Decision Date:	04/10/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/14/2015

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 & Rehabilitation

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 injured worker is a 55-year-old male who reported an injury on 01/21/2010. The mechanism of injury was not stated. A prior request was made for chiropractic services for the cervical spine 2 times 6 and a psychiatric consultation as of 12/30/2014. The requests were non-certified as there was no total number of sessions of chiropractic treatments having been documented and no specific psychological complaints from the injured worker or any indication of underlying psychological pathology. The injured worker identified neck pain, which had been increased with weather, stress, and improved with therapy. On his examination, there were trapezial spasms identified with restricted range of motion with a recommendation from his treating physician to continue chiropractic treatments and undergo a consult for stress therapy. His most recent physical examination was performed on 12/18/2014, which did not provide a comprehensive physical examination but rather a brief description of trapezoid spasms and restricted range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Chiropractic therapy for cervical spine (2x6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation Page(s): 58-60.

Decision rationale: Under the California MTUS Guidelines, although manual manipulation may be indicated for injured workers with cervical complaints, without having any confirmation of the previous number of completed chiropractic sessions and indication of the therapeutic response from the treatment, the request cannot be supported for ongoing use. As such, the request is therefore not medically necessary.

Psychiatric Consultation 1x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 163.

Decision rationale: According to the California MTUS/ACOEM Guidelines, although consultations may be indicated for assessing an injured worker's diagnosis, prognosis, therapeutic management, or determination of medical stability, there was a lack of overall information regarding his pathology to include any psychological components that may necessitate a consultation with a licensed psychiatrist. Therefore, the request is not deemed a medical necessity.