

Case Number:	CM15-0105559		
Date Assigned:	06/09/2015	Date of Injury:	02/25/2010
Decision Date:	07/15/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/01/2015

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, Hawaii
 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 42 year old female patient who sustained an industrial injury on 02/25/2010. The accident was described as while performing job duty as a data entry clerk she sustained cumulative trauma over time. A pain management follow up visit dated 12/04/2014 reported current complaint of neck pain. The neck pain radiates down the right lower limb with numbness and tingling. Her primary treating doctor prescribes Xodol of which she reports taking at most three times weekly. She was diagnosed with radiculopathy, cervical and fibromyalgia/myositis. The plan of care noted the patient continuing with current medications, undergo a course of chiropractic therapy, Saunder's cervical traction, and home exercises and stretching. By 01/15/2015, she had subjective complaint of having some flare-ups of the cervical pain that increases with activity. She is still with complaint of ongoing thoracic, bilateral shoulders right elbow, forearm and wrist pains. The following diagnoses are applied: cervical, thoracic and lumbar spine strain; right cervical radicular syndrome; right lumbar radicular syndrome; right rotator cuff tendonitis and impingement syndrome; right medial epicondylitis/cubital tunnel; right wrist tendinitis carpal tunnel syndrome; lumbar disc bulging at L4-5 and L5-S1, and cervical disc bulging at C4-5 and C5-6. She is with recommendation to consult pain management and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic treatments to cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic): Manipulation (2015).

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

Decision rationale: The patient presents with pain affecting the cervical spine. The current request is for 12 chiropractic treatments to cervical spine. The treating physician states in the report dated 4/9/15; we are requesting authorization for a trial of 12 chiropractic visits for the cervical spine, which has benefited in the past. (15B)The treating physician also documented that the patient completed 8 chiropractic visits in 2011. 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. If the criteria to support continuing chiropractic care (substantive, measurable functional gains with remaining functional deficits) have been achieved, a follow-up course of treatment may be indicated consisting of another 4-12 visits over a 2-4 week period. In this case, the treating physician has requested chiropractic treatment that is supported by MTUS. The current request is medically necessary.

Unknown ongoing pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Unemployment (Chapter: Chronic Pain Disorder Section: Therapeutic Procedures, Non-Operative) 4/27/2007, page 56.

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

Decision rationale: The patient presents with pain affecting the cervical spine. The current request is for Unknown ongoing pain management. The treating physician states in the report dated 4/9/15, we are requesting authorization for ongoing pain management as the patient is no longer seeing Dr. V (15B). The MTUS guidelines state: The physician should periodically review the course of treatment of the patient and any information about the etiology of the pain or the patient's state of health. In this case, the treating physician has not clearly documented what this request is for and the duration of this request is unknown. The current request is not medically necessary.

