

Case Number:	CM15-0130127		
Date Assigned:	07/16/2015	Date of Injury:	01/26/2012
Decision Date:	09/24/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/06/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 62 year old female who sustained an industrial injury on 1-26-12. Diagnoses are cervical spine disc bulges, thoracic spine disc bulges, and lumbar spine disc bulges, right shoulder strain, left shoulder strain, right elbow strain, left elbow strain, right wrist/hand strain, and left wrist/hand strain. In a progress report dated 3-3-15, the treating provider notes +2 tenderness of the cervical spine and right shoulder and painful range of motion of the cervical spine and bilateral wrists and hands. The injured worker notes that acupuncture helps manage her pain and increase mobility and functionality and she has completed 7 sessions so far. She notes that chiropractic treatment helped her and her last session was in September of 2014. In a progress report dated 5-26-15, the treating provider notes she was in a car accident 5-7-15 and due to the accident, she had an increase in cervical spine, lumbar spine and right and left shoulder pain. She is currently undergoing chiropractic treatment. Complaints of pain are noted in the neck, upper back, lower back, right and left shoulder, right and left elbow, and right and left wrist. X-rays were done 5-10-15 for the cervical spine, lumbar spine and right and left shoulders. Prior treatment noted is acupuncture, chiropractics, rest, heat, medications, sleep study, psyche consult, and a consult with pain medicine noted as 5-21-15. Work status is to return to modified work on 5-26-15. The requested treatment is chiropractic; 18 visits for the spine, 3 times a week for 6 weeks, psyche follow up, x-ray of the cervical spine, x-ray of the lumbar spine, x-ray of the right shoulder, and x-ray of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic; eighteen (18) visits (3x6), spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: The medical records indicate pain related to musculoskeletal condition that has not improved with conservative treatment to date. The insured reportedly had visits of chiropractic care with subjective improved functional ability but no indication of objective benefit. MTUS supports manual therapy (chiropractic treatment) as an option for up to 18 visits over 6-8 weeks with evidence of functional improvement. As such the medical records do not support additional chiropractic care. The request is not medically necessary.

Psych Follow Up: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, psychological therapy.

Decision rationale: The medical records provided for review indicate the presence of chronic pain with coexisting depression and anxiety. ODG guidelines support psychotherapy as Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. Therefore, the request is medically necessary.

X-Ray of the Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, radiographs.

Decision rationale: The medical records provided for review support the insured has persistent pain greater than 3 months with no improvement with therapy. ODG guidelines support radiographs for persistent pain greater than 6 weeks despite conservative therapy. As the medical records indicate persistent pain despite conservative care, radiographs are supported of the cervical spine and are medically necessary.

X-Ray of the Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar, radiographs.

Decision rationale: The medical records provided for review support the insured has persistent pain greater than 3 months with no improvement with therapy. ODG guidelines support radiographs for persistent pain greater than 6 weeks despite conservative therapy. As the medical records indicate persistent pain despite conservative care, radiographs are supported of the lumbar spine and are medically necessary.

X-Ray of the Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder, radiographs.

Decision rationale: The medical records provided for review support the insured has persistent pain greater than 3 months with no improvement with therapy. ODG guidelines support radiographs for persistent pain greater than 6 weeks despite conservative therapy. As the medical records indicate persistent pain despite conservative care, radiographs are supported of the shoulder and are medically necessary.

X-Ray of the Left Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder, radiographs.

Decision rationale: The medical records provided for review support the insured has persistent pain greater than 3 months with no improvement with therapy. ODG guidelines support radiographs for persistent pain greater than 6 weeks despite conservative therapy. As the medical records indicate persistent pain despite conservative care, radiographs are supported of the shoulder and are medically necessary.