MAXIMUS Federal Services

Case Number:	CM15-0164407		
Date Assigned:	09/01/2015	Date of Injury:	10/14/2014
Decision Date:	10/06/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/21/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 a 51 year old male, who sustained an industrial injury on 10-14-14. He has reported initial complaints of a head injury after he bent down to pick up a piece of debris and when he got back up he struck the back of his head near the neck on an adjacent car. The diagnoses have included lumbosacral sprain, cervical strain and multi-level cervical disc disease. Treatment to date has included chiropractic, physical therapy, medications, epidural steroid injection (ESI) and other modalities. Currently, as per the physician progress note dated 5-6-15, the injured worker complains of continued neck and back pain. The diagnostic testing that was performed included x-rays of the cervical and lumbar spine and Magnetic Resonance Imaging (MRI) of the cervical spine. The diagnostic reports were not noted. The current medications included Celebrex. The objective findings-physical exam reveals that there is paraspinal tenderness across the neck and in the left low back area. There is restricted range of motion of the neck and low back. The previous therapy sessions were noted. Work status is temporary partial disability. The physician requested treatment included Chiropractic and manual therapy (CMT) with physical therapy modalities and exercises 3 times a week for 4 weeks for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic and manual therapy (CMT) with physical therapy modalities and exercises 3 x 4 weeks for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Manipulation, Physical Therapy.

Decision rationale: Per the ODG TWC: Cervical Strain: Intensity & duration of care depend on severity of injury as indicated below, but not on causation. These guidelines apply to cervical strains, sprains, whiplash (WAD), acceleration/deceleration injuries, motor vehicle accidents (MVA), including auto, and other injuries whether at work or not. The primary criterion for continued treatment is patient response, as indicated below. Mild (grade I-Quebec Task Force grades): up to 6 visits over 2-3 weeks. Moderate (grade II): Trial of 6 visits over 2-3 weeks. Moderate (grade II): With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, avoid chronicity. Severe (grade III): Trial of 10 visits over 4-6 weeks-Severe (grade III): With evidence of objective functional improvement, total of up to 25 visits over 6 months, avoid chronicity. Per MTUS CPMTG, physical medicine guidelines state: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Per the ODG guidelines: Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0): 9 visits over 8 weeks. Sprains and strains of neck (ICD9 847.0): 10 visits over 8 weeks. The documentation submitted for review indicates that the injured worker has previously been treated with chiropractic manipulation and physical therapy. It is noted to date he has completed at least 12 sessions of chiropractic manipulation and a trial, as well as 9 sessions of physical therapy. Absent documentation of functional improvement, the medical necessity of further chiropractic and manual therapy cannot be affirmed. The request is not medically necessary.