MAXIMUS Federal Services

Case Number:	CM15-0180366		
Date Assigned:	09/22/2015	Date of Injury:	03/21/2013
Decision Date:	11/03/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/14/2015

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: 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 40-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 21, 2013. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve a request for 8 sessions of chiropractic manipulative therapy to include modalities such as electrical stimulation, traction, and myofascial release therapy. An office follow-up visit was seemingly approved. The claims administrator referenced an RFA form received on August 13, 2015 and a progress note dated August 4, 2015 in its determination. The applicant's attorney subsequently appealed. On an August 4, 2015 office visit, the applicant was placed off of work, on total temporary disability, while 8 sessions of manipulative therapy were sought. A July 1, 2015 authorization slip suggested that the claimant had received authorization for 6 weeks in chiropractic treatments. On May 18, 2015, the applicant reported ongoing complaints of neck and shoulder pain status post earlier failed shoulder surgery. The applicant was placed off of work, on total temporary disability. Manipulative therapy and acupuncture were sought while the applicant was kept off of work. The applicant was on Norco for pain relief, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation, cervical spine, 4 times a week for 4 weeks to include: electrical stim, traction, and myofascial release: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 114 and on the Non-MTUS Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Physical Medicine.

Decision rationale: No, the request for 16 sessions of chiropractic manipulative therapy for the cervical spine to include electrical stimulation, traction, myofascial release modality is not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of 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, it was acknowledged on a progress note of August 4, 2015, despite receipt of 6 recent manipulative therapy treatments. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. Here, thus, the concomitant requests(s) for multiple different passive modalities to include manipulation, electrical stimulation, traction, myofascial release, etc., thus, ran counter to the philosophy espoused on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.