

Case Number:	CM15-0193530		
Date Assigned:	10/07/2015	Date of Injury:	07/25/2010
Decision Date:	11/16/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/01/2015

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: Connecticut, California, Virginia
 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 injured worker is a 45 year old female, who sustained an industrial injury on 07-25-2010. Work status is not noted in recent medical records. Medical records indicated that the injured worker is undergoing treatment for cervical sprain-strain injury and myofascial pain syndrome. Treatment and diagnostics to date has included acupuncture and medications. Current medications include Mobic and Savella. After review of the progress note dated 09-03-2015, the injured worker reported still having "a lot of pain and discomfort." The treating physician noted that the injured worker had a "flare up of pain time-to-time due to persistent pain and discomfort, so we are requesting approval for functional restoration program evaluation." The Utilization Review with a decision date of 09-28-2015 non-certified the request for functional restoration program evaluation and chiropractic treatment 2x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: A request has been made for use of a functional restoration program. The MTUS thoroughly discusses recommendations and indications for use of functional restoration programs. There is a lack of evidence to support such programs in cases of neck and shoulder pain (as opposed to low back pain where the evidence for use is much stronger). While a functional restoration program may be a treatment modality for future consideration, based on the current guidelines and the provided case documents, implementation of a functional restoration program at this time is not considered medically necessary.

Chiropractic Care 2x4: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 58-59) indicate that manual therapy and manipulation are recommended as options in low back pain. While this case is of cervical concern, in cases of manual therapy and manipulation, the MTUS recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement allowing for up to 18 visits over 6-8 weeks. If the case is considered a recurrence/flare-up, the guidelines similarly indicate a need to evaluate treatment success. In either case, whether considered acute or recurrent, the patient needs to be evaluated for functional improvement prior to the completion of 8 visits in order to meet the standards outlined in the guidelines. Overall, it is quite possible the patient may benefit from conservative treatment with manual therapy at this time. However, early re-evaluation for efficacy of treatment/functional improvement is critical. The guidelines indicate a time to produce effect of 4-6 treatments, which provides a reasonable timeline by which to reassess the patient and ensure that education, counseling, and evaluation for functional improvement occur. In this case, the request for a total of 8 visits to a chiropractor without a definitive plan to assess for added clinical benefit prior to completion of the entire course of therapy is not considered medically necessary.