

Case Number:	CM15-0196740		
Date Assigned:	10/12/2015	Date of Injury:	03/30/2015
Decision Date:	11/19/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/06/2015

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: California

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 40 year old female who sustained an industrial injury on 03-30-2015. Medical records indicated the worker was treated for back pain. In the provider notes of 08-26-2015, the worker complains of constant neck and mid back pain with intermittent paresthesias radiating into the right arm distal to the medial forearm. Objectively, there is a positive Spurling's test for the right arm and decreased cervical spine range of motion. There was decreased sensation to light touch in the medial aspect of the right forearm and hand and -5 of 5 strength of the right abductor digit minimi. DTR's were active and normal. There were Spasms of the right upper trapezius, levator, and rhomboid musculature. The worker was taking ibuprofen. In the provider notes of 09-03-2015, the injured worker is noted to have completed six sessions of acupuncture and 12 sessions of chiropractic treatment. Light work duties were being accommodated. She continued to have ongoing right-sided back pain. Her medications included Lidoderm patches, Nabumetone, and Orphenadrine. The treatment plan of 08-26-2015 is to have continued chiropractic treatment, and have referrals to a pain management specialist, and referral for an orthopedic spine evaluation. A request for authorization was submitted for Chiropractic treatment, 6 visits, Pain management evaluation, Ortho spine evaluation. A utilization review decision 09-15-2015 certified the pain management evaluation and denied the Chiropractic treatment, 6 visits and denied the Ortho spine evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, 6 visits: 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: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The patient has had at least 12 chiropractic treatment completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved functional status from previous chiropractic treatment already rendered. Clinical exam remains unchanged without acute flare-up, new red-flag findings, or new clinical findings to support continued treatment consistent with guidelines criteria. It appears the patient has received an extensive conservative treatment trial; however, remains not changed without functional restoration approach. The Chiropractic treatment, 6 visits is not medically necessary and appropriate.

Ortho spine evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: Medical necessity has not been established nor has findings met criteria for surgical consult per MTUS Medical Treatment Guidelines. MTUS Guidelines clearly notes that injured workers must have clear clinical findings with imaging correlation consistent with a surgical lesion to support for consultation. Submitted reports have not demonstrated any surgical lesion or indication for surgical consult when the patient is without red-flag conditions, or deteriorating function with limiting ADLs amenable to surgical intervention. Examination has no acute findings, new injury, or specific progressive neurological deficits to render surgical treatment nor is there any current diagnostic study with significant emergent surgical lesion or failed conservative care. The Ortho spine evaluation is not medically necessary and appropriate.