MAXIMUS Federal Services

Case Number:	CM15-0218385		
Date Assigned:	11/10/2015	Date of Injury:	10/10/2014
Decision Date:	12/29/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/05/2015

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 [redacted] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 10, 2014. In a Utilization Review report dated November 3, 2015, the claims administrator failed to approve requests for chiropractic manipulative therapy and an interferential stimulator device. An October 7, 2015 office visit was cited in the determination. The applicant's attorney subsequently appealed. On said October 7, 2015 office visit, the applicant was given a rather proscriptive 10-pound lifting limitation. 7/10 neck pain complaints were reported. The applicant had reportedly lost her employment, the treating provider reported, several months prior. Drug testing and additional manipulative therapy were seemingly sought. The claims administrators' transmission of file did result in some of the dates of service and sequence of progress notes being mingled to some extent. On an earlier note dated June 18, 2015, the same, unchanged, rather proscriptive 10-pound lifting limitation was renewed. The applicant was reportedly worsening. The treating provider suggested that the applicant employ 12 sessions of physical therapy and obtain an interferential stimulator device. Medication selection and medication efficacy were not discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro Care 2-6 sessions: 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: No, the request for 2-6 sessions of chiropractic manipulative therapy was 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 no longer working and had apparently been terminated by her former employer several months prior to the October 7, 2015 office visit at issue. It did not appear, thus, that earlier chiropractic manipulative therapy had proven particularly beneficial here. Therefore, the request was not medically necessary.

IF Unit 30-60 day rental with purchase if effective: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Similarly, the request for an interferential unit 30-day rental with associated purchase if effective was not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of an interferential stimulator device on a trial basis should be limited to applicants in whom pain is ineffectively controlled owing to diminished medication efficacy, in applicants in whom pain is ineffectively controlled owing to medication side effects, and/or applicants with a history of substance abuse which would prevent provision of analgesic medications. In this case, however, no mention of analgesic medication intolerance, analgesic medication failure, and/or history of substance abuse which would prevent provision of analgesic medications was set forth on the October 7, 2015 office visit at issue. Therefore, the request was not medically necessary.