

Case Number:	CM14-0110023		
Date Assigned:	08/01/2014	Date of Injury:	08/05/2013
Decision Date:	08/29/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/14/2014

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. The expert reviewer is Board Certified in Orthopedic surgery, and is licensed to practice in California.

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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 30-year-old female cook who sustained a vocational injury on 08/05/13. The claimant's current working diagnosis includes cephalgia, cervical spine sprain and strain, bilateral shoulder sprain/strain, persistent headaches, muscle tension related to anxiety, complaints of neck and bilateral trapezius pain. The documentation reveals negative physical exam findings. The report of an MRI showed a 1 to 2 millimeter disc bulge at C5-6 level effacing the ventral service of the thecal sac without evidence of canal stenosis or neural foraminal narrowing. Treatment to date includes biofeedback, use of anti-inflammatory medication, Tylenol, physiotherapy, acupuncture, and chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Chiropractic Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement. Decision based on Non-MTUS Citation Official Disability Guidelines Manipulation Cervical Strain.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Manual therapy & manipulation, page 58-60 and on the Non-MTUS Official Disability Guidelines (ODG); Neck and Upper Back chapter Manipulation.

Decision rationale: Based on the California MTUS Chronic Pain Guidelines, the request for 5 Chiropractic Visits cannot be recommended as medically necessary. The Chronic Pain Guidelines recommend manipulation therapy and manipulation for chronic pain if it is caused by a musculoskeletal condition. Chronic Pain Guidelines support a trial of six chiropractic treatments and states that additional visits may warranted with documentation of functional improvement. If documentation supports functional improvement, up to 18 chiropractic treatments for the cervical spine and up to nine treatments for the shoulder are supported. Documentation suggests the claimant has completed approximately 24 chiropractic treatments. Documents submitted for review fail to suggest that there has been any significant subjective, objective, functional, or vocational improvement with previous chiropractic treatments. Additional chiropractic treatments at this time would continue to exceed the Chronic Pain Guidelines and cannot be supported. Therefore the request is not medically necessary.

10 Acupuncture Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the California Acupuncture Guidelines, the request for ten acupuncture sessions cannot be recommended as medically necessary. The Acupuncture Guidelines support three to four treatments during the initial phase of care. The Guidelines support up to 12 sessions if there is clear noted functional improvement with previous sessions. Documentation presented for review suggests the claimant has had approximately five acupuncture visits to date; however, there is a lack of documented subjective, objective, functional, or vocational improvement with previous treatments. Documentation also suggests that acupuncture had to be discontinued due to the fact that the claimant was having an increase in headaches and pain. Therefore, based on the documentation presented for review and in accordance with Acupuncture Guidelines, the request for ten acupuncture sessions is not medically necessary.

1 Computerized ROM C-Spine upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back , Lumbar, Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Upper Back Flexibility Not recommended as a primary criteria. The relation between back range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic back pain, and perhaps for the current impairment guidelines of the American Medical Association.

Decision rationale: Based on the Official Disability Guidelines, the request for computerized range of motion cervical spine for the upper extremities is not recommended as medically

necessary. The Official Disability Guidelines do not recommend flexibility and computerized range of motion cervical spine testing, therefor the request is not medically necessary.

Orthopedic Consultation x1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: Based on the California ACOEM Guidelines, the request for an orthopedic consultation cannot be recommended as medically necessary. There is a lack of documentation suggesting that there are any ongoing abnormal physical exam objective findings of which an orthopedist may be able to help. Most recent office note available for review from 06/10/14 noted that the claimant was able to go out more and she was feeling less nervous and still taking medications only for depression and sleep. The rationale for the orthopedic consultation has not been clearly established in the medical records presented for review and subsequently based on California ACOEM Guidelines, the request is not medically necessary.