

Case Number:	CM14-0115992		
Date Assigned:	08/04/2014	Date of Injury:	11/20/2000
Decision Date:	10/08/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The records, presented for review, indicate that this 54-year-old female was reportedly injured on November 20, 2000. The mechanism of injury was noted as repetitive work duties. Details on mechanism of injury were not noted. The most recent progress note, dated August 12, 2014, indicated that there were ongoing complaints of neck pain and low back pain. The physical examination demonstrated tenderness and spasms along the cervical spine with decreased cervical spine range of motion. The examination of the lumbar spine also noted tenderness, which was greater on the left than the right side. There was decreased sensation bilaterally at the L4, L5, and S1 levels. Diagnostic imaging studies of the lumbar spine revealed multilevel degenerative disc disease and arthritic changes of the vertebral bodies. Previous treatment was not discussed during this visit. A request had been made for eight visits of chiropractic care, a pain management consultation, and internal medicine consultation and was not certified in the pre-authorization process on July 7, 2014

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic times 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59 of 127..

Decision rationale: The CA MTUS Guidelines support the use of manual therapy and manipulation (chiropractic care) for cervical spine pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to #18 visits over 16 weeks is supported. As this request exceeds six trial visits, this request for eight visits of chiropractic care is not medically necessary.

Pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Review of the available medical records does not document a reason why additional expertise is needed regarding pain management. Without this justification, this request for a pain management consultation is not medically necessary.

Internal medicine consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Review of the available medical records does not document a reason why additional expertise is needed regarding internal medicine. Without this justification, this request for an internal medicine consultation is not medically necessary.