

Case Number:	CM14-0123612		
Date Assigned:	08/08/2014	Date of Injury:	05/17/2006
Decision Date:	10/07/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/05/2014

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 licensed in Chiropractic 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:

On the 2/20/2014 the claimant underwent a supplemental agreed medical evaluation with [REDACTED]. This report indicated that the claimant was initially evaluated by [REDACTED] in February 2012. The dates of injury were given as 10/29/2004 and 5/17/2006. Both injuries were described as cumulative trauma injuries. At the time of the supplemental AME the provider indicated that he review the previous records and noted that "the records did not appear to have any medical value. Her history and story to me was different than what I reviewed in the records." He further indicated that "I noted she was claiming continual trauma, and I therefore noted I did not really understand the nature of the claim because I was unclear how the patient could claim her regular work is bothering her and causing more problems and more symptoms, yet continue to work at that job; even file a case and then another case on top of it, noting the same list of causative factors. I indicated there was concern as to whether or how much they could be causing problems if she was continuing to work." [REDACTED] further opined that "I have concern regarding care and treatment. I still can not offer a final opinion, particularly now because I have not seen this patient in 2 years. I would have no idea what she is doing, how she is feeling, and if she is working or not, and therefore I would be happy to re-examine and reevaluate her." He offered no other opinion. On 5/20/2014 the claimant underwent an initial "orthopedic evaluation future medical award" with [REDACTED], orthopedic surgeon. At the time the claimant complained of neck, bilateral elbow, bilateral wrist, thoracic spine, and lumbar spine pain. The claimant was diagnosed with cervical spine sprain/strain, thoracic spine sprain/strain, and lumbar spine sprain/strain. [REDACTED] noted that he was requesting "that the prior AME reports and findings regarding his claim be forwarded to my office for review." The recommendation was for a course of chiropractic treatment at 2-3 times per week for 4-6 weeks in addition to medication. The requested chiropractic treatment was denied by peer

review. The rationale was that "this claimant has had extensive PT/chiro for this a chronic condition. There were no subjective benefits noted from PT. Likewise, no objective improvement from PT was documented."

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions, two (2) to three (3) times weekly for four (4) to six (6) weeks, for the thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 43, 49, 83, 92, Chronic Pain Treatment Guidelines manipulation section Page(s): 58.

Decision rationale: The medical necessity for the requested chiropractic treatment at 2-3 times per week for 4-6 weeks was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 18 treatments exceed this guideline. Moreover, [REDACTED] submitted this request for treatment without the benefit of a review of the previous history. [REDACTED] noted in his report that he "requested that the prior AME reports and findings regarding his claim be forwarded to my office for review. This suggests that the provider is requesting this treatment without a full review of the treatment history for this claimant. ACOEM Guidelines Chapter 2 pages 43 and 49, and Chapter 5, pages 83 92, indicate that objective functional improvement is essential to establishing reasonableness and necessity of care and that the goal of treatment should be the establishing of self-directed care and maximizing activity tolerance. Therefore, the medical necessity for the requested 18 chiropractic treatments was not established.