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| Case Number: | CM15-0014159 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 09/06/2012 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 12/29/2014 |
| Priority: | Standard | Application Received: | 01/26/2015 |

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, California

Certification(s)/Specialty: Family Practice

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 49 year old female patient, who sustained an industrial injury on 09/06/2012. The diagnosis includes repetitive strain injury to cervical spine and upper extremities. Per the primary treating office visit dated 12/10/2014 she had complaints of pain in spine and right shoulder, aggravated with personal grooming, hygiene and household chores. The patient also reported difficulty sleeping and feeling depressed. Physical examination revealed tenderness to cervical spine with decreased range of motion, decreased motor strength to right shoulder. He is noted wearing a right shoulder sling. The current medications list is not specified in the records provided. She has had left shoulder MRI dated 8/23/2013 which revealed tendinosis and undersurface frying of the supraspinatus tendon and down sloping acromion; right shoulder MRI dated 8/23/2013 which revealed tendinosis and undersurface frying of the supraspinatus tendon and cervical MRI dated 8/27/2013 which revealed disc bulge at C4-5 and C5-6. She had also completed some chiropractic treatment with some relief. The treatment plan included additional chiropractic treatment to cervical spine, shoulders and wrists and obtaining a psych evaluation. On 12/29/2014 Utilization Review non-certified the request, noting the CA MTUS Guidelines Manual Therapy/Manipulation, Consultation were cited. The injured worker submitted an application for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 times 6 for the cervical spine, bilateral shoulders and bilateral wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): Page 58-60,.

Decision rationale: Request: Chiropractic treatment 2 times 6 for the cervical spine, bilateral shoulders and bilateral wrists Per the cited guidelines regarding chiropractic treatment "Elective/maintenance care "Not medically necessary." "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." Patient has already had chiropractic therapy visits for this injury. There is no evidence of ongoing significant progressive functional improvement from the previous chiropractic sessions that is documented in the records provided. Response to pharmacotherapy is not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Chiropractic treatment 2 times 6 for the cervical spine, bilateral shoulders and bilateral wrists is not fully established for this patient.

Pysch consult: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, Independent Medical Examinations and Consultations, page 127

Decision rationale: Per the cited guidelines, "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." Per the records provided patient had pain in the spine and right shoulder with difficulty sleeping and she was feeling depressed. Patient has had cervical and shoulder MRIs with abnormal findings. A psyche consult is medically appropriate and necessary to address depression associated with chronic pain. The request for psyche consult is medically appropriate and necessary for this patient.

