

Case Number:	CM15-0115466		
Date Assigned:	06/23/2015	Date of Injury:	10/01/2014
Decision Date:	07/23/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/16/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 48-year-old male, who sustained an industrial injury on 10/01/2014. He reported that he performs a work duty of jack hammering with a jackhammer that weighs 65pounds at about 100 feet or more a week, along with loading concrete debris by hand into a truck. On the date of injury he noted trying to place earplugs into his ears when he experienced shooting pain to the front of his neck, along with his arms feeling paralyzed by not allowing him to lift them farther than the chest. The injured worker was diagnosed as having cervical injury, thoracic sprain/strain, and cervicothoracic subluxation. Treatment and diagnostic studies to date has chiropractic therapy, physiotherapy, massage therapy, use of an H-wave device, and magnetic resonance imaging of the cervical spine. In a progress note dated 04/29/2015 the treating physician reports increased in neck and lower back pain. Examination reveals trapezius spasms, decreased range of motion to the cervical spine, decreased range of motion to the lumbar spine, and sensory loss at lumbar five to sacral one. The treating physician requested a trial of six sessions of chiropractic therapy noting prior treatment with an unknown quantity of chiropractic therapy sessions along with a lack of documentation of any functional improvement with prior chiropractic therapy. The treating physician also requested an orthopedic spinal consultation for the lumbar and cervical spine, but the documentation provided did not indicate the specific reason for the requested consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic spine consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the patient has evidence of radiculopathy despite extensive conservative management. In light of the above issues, the currently requested consultation is medically necessary.

Chiropractic, six sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is documentation of completion of 24 prior chiropractic sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In the absence of clarity regarding the above issues, the currently requested chiropractic care is not medically necessary.