

Case Number:	CM15-0116356		
Date Assigned:	06/24/2015	Date of Injury:	12/01/2011
Decision Date:	08/04/2015	UR Denial Date:	06/08/2015
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: Chiropractor

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 32 year old female, who sustained an industrial injury on 12/01/2011. She has reported injury to the neck and mid and low back. The diagnoses have included cervical sprain/strain and myofascial pain with radiculitis; thoracic sprain/strain and myofascial pain; lumbar sprain/strain. Treatment to date has included medications, diagnostics, acupuncture, chiropractic therapy, and home exercise program. A progress report from the treating physician, dated 05/08/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of persistent pain about her neck and back with radiation down the right upper and lower extremities; overall function is not significantly changed; she continues with sleep disruption due to the pain; and pain is rated at 6-8/10 on the visual analog scale. Documentation supports that prior chiropractic treatments have been helpful, and she notes increased pain with acupuncture. Objective findings included continued mild paracervical spasm and myofascial tenderness; cervical active range of motion is not significantly changed; Spurling's maneuver remains positive on the right with positive facet loading maneuvers; straight leg raising is negative bilaterally; and there are not significant interval changes of active ranges of motion of the thoracic and lumbar spine. The treatment plan has included the request for chiropractic for cervical, thoracic, and lumbar spine -6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for cervical, thoracic and lumbar spine - 6 visits: Overturned

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 and manipulation Page(s): 58.

Decision rationale: The claimant underwent a course of 6 treatments with overall improvement. The 12/1/2014 progress note indicated that the claimant noted a reduction in neck disability index score from 46% to 36% an Oswestry low-back questionnaire from 58% to 50% in a reduction in pain complaints from 8-9/10 to 4-7/10 following the initial 6 treatments. A request for 6 additional treatments was submitted but not addressed. On 12/15/2015 the claimant was reevaluated with a flare-up from her last visit. It was noted that the request for 6 treatments was never addressed. At that time the request for 6 treatments was resubmitted. The claimant was reevaluated on 1/5/2015 at which time it was noted that the request for 6 additional chiropractic treatments were denied by peer review. The rationale for the denial was not provided. A request for 6 acupuncture treatments was submitted. On 1/13/2015 the claimant underwent a qualified medical evaluation with [REDACTED]. He opined that the claimant was not yet at maximum medical improvement. The recommendation was for additional chiropractic treatment and a pain management evaluation. On 1/20/2015 the claimant was reevaluated by [REDACTED]. It was noted that the request for acupuncture had not been addressed by the insurance company. The request for acupuncture was resubmitted. The 3/3/2015 progress report indicated that the 6 chiropractic treatments provided this claimant provided no benefit. The recommendation was for continued home exercise program and self-care in addition to TTD status. On 5/8/2015 the claimant was reevaluated by [REDACTED], for complaints of persistent neck and back pain. Under the treatment plan section it was noted that "I have recently been provided with the QME report from [REDACTED] dated 1/13/2015". He felt the patient was not P&S. He recommended further chiropractic treatment, pain management and mental health consult. Per the QME, I am requesting authorization for a pain management consult, psychological consultation chiropractic therapy x6 visits". The requested 6 treatments were denied by peer review. After a review of the complete file it is my opinion that the 6 treatments are medically necessary and appropriate. Following the initial 6 treatments the claimant noted significant functional improvement with a reduction in neck disability index and Oswestry low-back questionnaire scores with the concomitant reduction in visual analogue scores. For some reason the request was denied. The rationale for the denial was not provided. The claimant then underwent a QME where it was opined that additional chiropractic treatment would be appropriate. The provider requested 6 treatments consistent with the QME but was denied by peer review on 6/4/2015. The rationale for the denial was not provided. It is clear that the claimant has responded favorably to the previous course of chiropractic treatment. 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." Given the functional improvement noted as a result of the initial 6 treatments, and consistent with the recommendations from the independent QME, 6 additional treatments are medically necessary.