

<b>Case Number:</b>	CM15-0121545		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	04/27/2015
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: North Carolina  
 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:

The injured worker is a 58 year old female, who sustained an industrial injury on April 27, 2015. The injured worker was diagnosed as having low back contusion, cervical strain/sprain and headache. Treatment to date has included physical therapy and medication. A progress note dated May 19, 2015 provides the injured worker complains of neck, headache and right shoulder pain and back pain with numbness. She rates her pain 3/10. Physical exam notes decreased cervical range of motion (ROM). The plan includes orthopedic evaluation, chiropractic therapy, continued physical therapy and acetaminophen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic evaluation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

**Decision rationale:** Per the ACOEM : The health practitioner may refer to other specialist 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. A referral may be for: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient upon review of the provided medical records has ongoing back and neck pain despite conservative therapy. The referral for an orthopedist specialist is medically necessary and approved.

**Chiropractic treatment, 6 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation; Functional improvement.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual manipulation Page(s): 58-59.

**Decision rationale:** The California chronic pain medical guidelines section on manual manipulation states: Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: 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. Elective/maintenance care not medically necessary. Recurrences/flare-ups, Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle and Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, and Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines: A. Time to produce effect: 4 to 6 treatments. Manual manipulation is recommended form of treatment for chronic pain. However the requested amount of therapy sessions is in excess of the recommendations per the California MTUS. The California MTUS states there should be not more than 6 visits over 2 weeks and documented evidence of functional improvement before continuation of therapy. The request is for 6sessions. This does meet criteria guidelines and thus is medically necessary.