

Case Number:	CM15-0142481		
Date Assigned:	08/03/2015	Date of Injury:	06/01/2009
Decision Date:	10/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/22/2015

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

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 female worker who sustained an industrial injury on June 01, 2009. At a follow up dated June 21, 2015 current medications were: Protonix, Voltaren gel, Flector patches, Diazepam, Oxycodone 5mg 325mg, Gralise, Trazodone. She was diagnosed with the following: cervicalgia; pain in neck; depression; carpal tunnel syndrome, right; pain in joint shoulder; degeneration of cervical intervertebral disc and degeneration of cervicothoracic intervertebral disc. Changed and or discontinued medications noted: Diazepam, Flector, Gralise, Lunesta, Oxycodone, Protonix, and Voltaren gel. She was prescribed Trazodone. The plan of care is with recommendation for chiropractic care, pain management consultation. A follow up visit dated March 10, 2015 reported chief complaint of neck pain. Back at follow up in September 2014, she had subjective complaint of increased headaches and neck pain. Objective assessment found cervical spine with severe tenderness at the trapezius and range of motion is decreased throughout. The following diagnoses were applied: cervical radiculopathy; cervical degenerative disc disease; cervicalgia; chronic depression, and myofascial pain. She states the trigger point injections having roughly a month of relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy x 12 sessions for the Cervical Spine: 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
Page(s): 58-59.

Decision rationale: The patient presents with cervicalgia, right carpal tunnel syndrome, pain in shoulder joint, degeneration of cervical intervertebral disc, degeneration of cervicothoracic intervertebral disc, and depression, as per progress report dated 06/21/15. The request is for chiropractic therapy x 12 sessions for the cervical spine. There is no RFA for this case, and the patient's date of injury is 06/01/09. Medications include Voltaren gel, Diazepam, Flector patches, Oxycodone, Lunesta and Trazodone. The patient is status post cervical spine surgery in 2001, and status post carpal tunnel release in 1987, as per progress report dated 02/18/15. The patient is off duty, as per progress report dated 06/21/15. MTUS Manual therapy and Manipulation section, pages 58 and 59 recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In this case, the patient has had chiropractic treatments in the recent past. In progress report dated 06/21/15, the treater appears to state that this treatment modality is the "only thing helping the patient" in the last 3 months. The treater is requesting for 12 additional sessions to increase strength, flexibility and endurance at job related activities. MTUS supports up to 18 visits of chiropractic therapy after an initial trial. However, a clear documentation of 'objective functional improvement' is required. The progress reports available for review do not provide that information. Additionally, the reports do not document the number of sessions completed until now. Given the lack of relevant documentation, the request IS NOT medically necessary.

Pain Management Consultation for the Cervical Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

Decision rationale: The patient presents with cervicalgia, right carpal tunnel syndrome, pain in shoulder joint, degeneration of cervical intervertebral disc, degeneration of cervicothoracic intervertebral disc, and depression, as per progress report dated 06/21/15. The request is for pain management consultation for the cervical spine. There is no RFA for this case, and the patient's date of injury is 06/01/09. Medications include Voltaren gel, Diazepam, Flector patches, Oxycodone, Lunesta and Trazodone. The patient is status post cervical spine surgery in 2001, and status post carpal tunnel release in 1987, as per progress report dated 02/18/15. The patient is off duty, as per progress report dated 06/21/15. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. MTUS Guidelines

pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." A request for consultation with pain management specialist is noted in progress report dated 06/21/15. It is not clear if the patient has received this type of care in the past or not. None of the reports available for review are from a pain management specialist. Given the patient's chronic symptoms, a consultation may be helpful. Hence, the request IS medically necessary.