

Case Number:	CM15-0179988		
Date Assigned:	09/21/2015	Date of Injury:	12/17/2013
Decision Date:	10/27/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/14/2015

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: Preventive Medicine, Occupational Medicine

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 53 year old male who sustained an industrial injury on 12-17-13. A review of the medical records reveals the injured worker is undergoing treatment for cervical spine strain and strain, discogenic spondylosis C5-6, bilateral shoulder sprain and strain. Medical records (07-13-15) reveal he injured worker complains of cervical spine pain rated at 6/10, and bilateral shoulder pain rated at 4-5/10. The injured worker reports increased mobility after chiropractic sessions. Additional complaints include elevated blood pressure, stress, anxiety, and sleep disturbance. The physical exam is not available in the notes from 07-13-15. Treatment has included medications, chiropractic therapy, and left shoulder surgery. The original utilization review (07-23-15) non certified the request for Chiropractic therapy to the cervical spine and bilateral shoulders, a psychiatric psychological consultation regarding stress, anxiety, and sleep disturbance, and an internal medicine consultation for medical causes of anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment For The Cervical Spine and The Bilateral Shoulders # 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: MTUS Guidelines states that if a trial of up to 6 sessions of chiropractic manipulation does not produce functional improvements, this modality should not be continued. This individual has had a course of prior chiropractic manipulation and there are no objective functional improvements. There are no documented measures of improved ROM and/or of any lasting improvements in pain levels. Under these circumstances, the extension of chiropractic treatment for the cervical spine and the bilateral shoulders # 6 is not supported by Guidelines and is not medically necessary.

Psychiatric Psychology Consultation For Stress Anxiety And Sleep Disturbances With [REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

Decision rationale: MTUS Guidelines are supportive of psychological evaluations and possible treatment for chronic pain disorders that may be associated with derivative issues such as insomnia or anxiety. These symptoms are documented to be present and further evaluation is Guidelines supported. However, the request is too specific with only for a particular psychologist. It is unknown if this particular provider is part of a necessary PPO/MPN and approval for this individual only is not medically necessary. A psychological evaluation is supported by Guidelines. A psychological evaluation only with [REDACTED] is not. The request for psychiatric psychology consultation for stress anxiety and sleep disturbances with [REDACTED] is not medically necessary.

Internal Assessment for medical cause of anxiety: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: The MTUS Guidelines recommended a minimum standard of care to support additional testing and a medical diagnosis. This standard has not been met in relationship to this request. The records clearly note that this individual has a primary care physician who is involved in his care (recent diagnosis of high cholesterol and started on statins). There is no record of any attempt to review the primary care testing or discuss with the primary care physician any concerns regarding medical illnesses. The request for Internal Assessment for medical cause of anxiety is not supported by Guidelines as there has been inadequate due diligence to communicate with a medical provider who has been treating him and is familiar with his medical conditions.