

Case Number:	CM15-0076460		
Date Assigned:	04/28/2015	Date of Injury:	01/26/2012
Decision Date:	06/01/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/21/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 61 year old female, who sustained an industrial injury on 1/26/2012. She reported a slip and fall with injury to the left arm and wrist with development of random flare up in the low back/buttocks and bilateral upper extremities. Diagnoses include multiple disc bulges in cervical, thoracic, and lumbar spines; and bilateral shoulder strains, elbow strains, and wrist/hand strains. Treatments to date include activity modification, medication therapy, chiropractic treatment and acupuncture. Currently, she complained of back and neck pain as well as bilateral shoulder, elbow and wrist pain. On 3/3/15 the physical examination documented painful range of motion in cervical spine and bilateral wrists and hands. The plan of care included a cervical pillow, chiropractic therapy, and an ergonomic work station.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Polysomnography.

Decision rationale: Guidelines recommend sleep study for excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration. In this case, documentation is lacking regarding complaints of insomnia or symptoms warranting further work up of sleeping patterns. There was no initial assessment from a sleep study noted in the records. The request for follow up sleep study is not medically appropriate and necessary.

Chiropractic sessions, 12 visits (2 times weekly for 6 weeks), Cervical Spine, Thoracic Spine, Lumbar Spine, Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

Decision rationale: Guidelines support use of chiropractic therapy in the first few weeks of back pain without radiculopathy with documentation of objective functional deficits for an initial trial of 6 sessions. In this case, the patient has an acute flare of pain and a 6 session trial is reasonable. However the request for 2 x /week for 6 weeks sessions is not medically appropriate and necessary.

Acupuncture sessions, 12 visits (2 times weekly for 6 weeks), Cervical Spine, Thoracic Spine, Lumbar Spine, Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Guidelines support use of acupuncture therapy in the first few weeks of back pain with documentation of objective functional deficits for an initial trial of 3-6 sessions. In this case, the patient has an acute flare of pain and 3-6 session trial is reasonable. However the request for 2 x /week for 6 weeks sessions is not medically appropriate and necessary.