

Case Number:	CM13-0012438		
Date Assigned:	11/06/2013	Date of Injury:	03/14/2012
Decision Date:	05/07/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] Correctional Facility employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of March 14, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; at least eight prior sessions of manipulative therapy to date; and work restrictions. In a Utilization Review Report of August 12, 2013, the claims administrator denied a request for six additional sessions of chiropractic manipulative therapy. The applicant's attorney subsequently appealed. A handwritten progress note of August 19, 2013 is notable for comments that the applicant has had eight sessions of chiropractic manipulative therapy to date. The applicant reports persistent neck pain and stiffness. Large portions of the progress note are handwritten and difficult to follow. An additional six sessions of manipulative therapy, an ergonomic evaluation, and Naprosyn were endorsed, along with a rather proscriptive 20-pound lifting limitation. A subsequent note of September 17, 2013 was notable for comments that the applicant was given an even more proscriptive 10-pound lifting limitation. It did not appear that the applicant was working with said limitation in place. In a progress note of April 2, 2013, the applicant was described as having persistent neck pain. On that date, it was stated that the applicant felt that she was not ready to return to work. She was using Naprosyn and Flexeril as of that point in time. A rather proscriptive 10-pound lifting limitation was again endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC MANIPULATION CERVICAL SPINE 2 TIMES PER WEEK FOR 3 WEEKS: QTY: 6.0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION. Page(s): 58-60.

Decision rationale: As noted on pages 58, 59, and 60 of the MTUS Chronic Pain Medical Treatment Guidelines, anywhere from 18 to 24 sessions of manipulative therapy can be endorsed for individuals with chronic musculoskeletal pain, provided said individuals demonstrate functional improvement by achieving and/or maintaining successful return to work status. In this case, however, it does not appear that the employee has in fact returned to work with a rather proscriptive 10-pound lifting limitation in place. There is no evidence of a favorable response to the eight prior sessions of manipulative therapy. The employee remains reliant on various other forms of medical treatment, including analgesic medications. Therefore, the request for additional chiropractic manipulative therapy is not certified on the grounds that the employee has failed to achieve or maintain successful return to work status with the eight prior sessions of manipulative therapy to date.

ERGONOMIC EVALUATION; QTY; 1.0: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TREATMENT FOR WORKERS' COMPENSATION, 9TH EDITION LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 8.

Decision rationale: While page 8 of the MTUS-adopted ACOEM Guidelines in Chapter 1 does endorse ergonomic tactics to prevent neck and back musculoskeletal complaints and disorders, in this case, however, the employee is off of work. It does not appear, based on the information on file, that the employee has returned to work and/or has a job to return to at this point in time. There does not appear to be any workstation component to the employee's complaints as the employee does not appear to be working. Accordingly, the request for an ergonomic evaluation is not certified.