

Case Number:	CM13-0016759		
Date Assigned:	11/06/2013	Date of Injury:	01/27/2012
Decision Date:	03/18/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/26/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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:

This 32 year-old male sustained a low back injury on 1/27/12 while employed by [REDACTED] as an Office Coordinator. Under consideration is 12 sessions of Chiropractic Manipulation and Ibuprofen medication. Per brief report dated 7/24/13 by [REDACTED], the patient stated his medications were helping with pain; however, the frequency and intensity of the pain is constant with activity. Checked boxes on report included under physical examination: vital signs, cognition WNL for memory, attention, concentration, alert and aware of surroundings; Body type-well-nourished; No other physical or neurological exam identified and the patient continued on limited duty for diagnoses of lumbar signs and symptoms, rule out pathology. Per report dated 7/18/13 from [REDACTED], the patient has completed 6 chiropractic visits for the lumbar spine yet his functional status was unchanged since last examination. UR report from [REDACTED] dated 8/13/13, non-certified the considered requests, citing guidelines criteria and medical presentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of chiropractic manipulation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Page(s): 58-60.

Decision rationale: This 32 year-old male sustained a low back injury on 1/27/12 while employed by [REDACTED] as an Office Coordinator. MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From the records reviewed with a report from [REDACTED] on 7/18/13, the patient has completed at least 6 chiropractic visits without functional benefit. The submitted medical report dated 7/24/13 from [REDACTED] has no neurological examination or deficits identified with the patient continuing to have chronic low back pain on unchanged limited duties for this January 2012 injury. There is no report of acute flare-ups or new red-flag findings nor are there any documented functional benefit derived from treatment already rendered. The 12 sessions of chiropractic manipulation is not medically necessary and appropriate.

unknown prescription of Ibuprofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of Ibuprofen's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue Ibuprofen 800 mg for an injury of 2012 nor its functional efficacy derived from treatment already rendered. Ibuprofen is not medically necessary or appropriate.