

Case Number:	CM13-0017762		
Date Assigned:	11/08/2013	Date of Injury:	01/31/2011
Decision Date:	08/21/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/28/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 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/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 patient is a 27 year old with an injury date on 1/31/11. The patient complains of moderate neck pain with no radiation with some improvement, and moderate lower back pain with radiation to lower extremities (gluteal area) with some improvement per 7/25/13 report. The patient has returned to work full-time as of 4/4/13 report. Based on the 7/25/13 progress report provided by the treating physician the diagnoses are, cervical spine s/s, lumbar spine s/s. The exam on 7/25/13 showed tenderness to palpation and spasm of the cervical spine, with full range of motion. Tenderness to palpation with spasm of the lumbar spine with decreased range of motion. The treating physician is requesting prospective request for 8 additional sessions of chiropractic treatment (cervical and lumbar) between 8/21/13 and 10/5/13 and prospective request for functional capacity evaluation between 8/21/13 and 10/5/13. The treating physician provided treatment reports from 2/7/13 to 7/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 8 ADDITIONAL SESSIONS OF CHIROPRACTIC TREATMENT (CERVICAL SPINE & LUMBAR SPINE) BETWEEN 8/21/13 AND 10/5/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter on Manual Therapy and Treatments, Page 58,59 Page(s): 58-59.

Decision rationale: This patient presents with neck pain and lower back pain. The treating physician has asked for prospective request for 8 additional sessions of chiropractic treatment (cervical and lumbar) between 8/21/13 and 10/5/13 on 7/25/13. The patient was prescribed chiropractic 12 sessions on 2/7/13, and 6 sessions on 4/4/13. In this case, the patient appears to have completed 24 chiropractic sessions and the requested 8 sessions of chiropractic therapy would exceed the MTUS guidelines. Recommendation is for denial. As such, the request is not medically necessary.

PROSPECTIVE REQUEST FOR 1 FUNCTIONAL CAPACITY EVALUATION BETWEEN 8/21/13 AND 10/20/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHAPTER 7 Page(s): 137-138.

Decision rationale: This patient presents with neck pain and lower back pain. The treating physician has asked for prospective request for functional capacity evaluation between 8/21/13 and 10/5/13 on 7/25/13. Regarding functional capacity evaluations, the MTUS is silent, but the ACOEM does not recommend them due to their oversimplified nature and inefficacy in predicting future workplace performance. The FCE's are indicated for special circumstances and only if it is crucial. In this case, requested functional capacity evaluation is not consistent with MTUS guidelines. Recommendation is for denial. As such, the request is not medically necessary.