MAXIMUS Federal Services

| Case Number: | CM13-0018879 | | |
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| Date Assigned: | 10/11/2013 | Date of Injury: | 09/17/2012 |
| Decision Date: | 01/09/2014 | UR Denial Date: | 07/30/2013 |
| Priority: | Standard | Application Received: | 08/30/2013 |

## 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 and Rehabilitation, 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 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 IMR application shows the injury date as 9/17/12 and shows a dispute with the 7/30/13 UR decision. This case involves a 46 year old male with a 9/17/12 injury. A machine/back hoe struck him on the right shoulder, he fell on his right knee and hurt his chest and back.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**A series of 8 Sessions of Chiropractic Treatment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**Decision rationale:** For the lower back, MTUS Chronic Pain Guidelines recommend a trial of 6 chiropractic sessions over 2 weeks and if there is evidence of functional improvement, this could be extended to 18 sessions. The records show that UR had modified a request for chiropractic care x12 to allow 6 sessions. The patient had some of these sessions in June 2013. The chiropractic records provided for review were handwritten and illegible. The 7/2/13 report did not document functional improvement from the chiropractic care provided. The 6/14/13 report

did not mention any functional improvement. The request for continued chiropractic care is not in accordance with MTUS guidelines. The request for a series of 8 sessions of chiropractic treatment is not medically necessary and appropriate.

**Unknown prescription of Ultram:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

**Decision rationale:** The medical records provided for review indicate that the medications help with pain and function, but specific details regarding how were not included. There is no description of which functions have been improved, and no numeric pain scales to compare to baseline for reduction in pain. It is not clear if the medication is providing a satisfactory response. The prescription of Ultram was not complete; the dosage and total number of tablets is unknown. There is not enough information to verify that the Ultram prescription is in accordance with MTUS guidelines. The request for an unknown prescription of Ultram is not medically necessary and appropriate.