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| Case Number: | CM13-0023207 | | |
| Date Assigned: | 11/15/2013 | Date of Injury: | 10/03/2012 |
| Decision Date: | 01/15/2014 | UR Denial Date: | 08/26/2013 |
| Priority: | Standard | Application Received: | 09/11/2013 |

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 3, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of prior manipulative therapy; and extensive periods of time off work. The applicant's primary treating provider is a chiropractor, it is further noted. In a utilization review report of August 26, 2013, the claims administrator denied a request for additional manipulation. The applicant's attorney later appealed. An earlier note of June 17, 2013, is handwritten, not entirely legible, difficult to follow, notable for ongoing complaints of low back pain, reported 65% improvement, and still limited lumbar range of motion. Additional manipulative treatment is sought. A later July 8, 2013, handwritten progress note is again difficult to follow, not entirely legible, notable for ongoing complaints of low back, neck, mid back, and shoulder pain. The applicant is reportedly unchanged. Physical findings are not clear. The applicant remains off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

chiropractic 2 times a week for 3 weeks, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 59-60..

Decision rationale: While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines would support up to 24 sessions of manipulative therapy in those applicants who successfully demonstrate functional improvement by returning to work, in this case, however, the applicant has not in fact returned to work. The applicant remains off of work, on total temporary disability, a little over one year removed from the date of injury, implying a lack of functional improvement with prior manipulation. Continuing manipulative therapy in the face of the applicant's failure to return to work is not indicated, per the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the original utilization review decision is upheld.