

Case Number:	CM13-0026572		
Date Assigned:	11/22/2013	Date of Injury:	06/21/2011
Decision Date:	04/17/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/19/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, myalgias, myositis, and insomnia reportedly associated with an industrial injury of June 21, 2011. Thus far, the applicant has been treated with following: Analgesic medications, attorney representation; epidural steroid injection therapy; unspecified amounts of physical therapy and chiropractic manipulative therapy; and intermittent urine drug testing. In a Utilization Review Report of September 6, 2011, the claims administrator partially a request for eight sessions of manipulative therapy as six sessions of manipulative therapy, partially certified request for eight sessions of physical therapy as six sessions of physical therapy, and apparently denied a lumbar support. The applicant's attorney subsequently appealed. A clinical progress note of October 3, 2013 is notable for comments that the applicant is working regular duty. Her pain score ranged from 6-8/10. She states that the manipulative therapy has not been as helpful [REDACTED] as in the past. The applicant is asked to complete the additional chiropractic manipulative therapy, employ topical compounds, start physical therapy, and employ tramadol and Motrin for pain relief. Regular duty work is endorsed. On September 16, 2013, the applicant is described as having a flare-up of low back pain as a lifting luggage while on vacation. Manipulative therapy and myofascial release therapy were sought at that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CHIROPRACTIC TREATMENTS TWO TIMES A WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: No, the request for eight sessions of chiropractic manipulative therapy is not medically necessary, medically appropriate, or indicated here. The applicant has had prior unspecified amounts of manipulative therapy over the life of the claim. As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, one to two sessions of chiropractic manipulative therapy are recommended every four to six months in the event of acute flare-ups of pain in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work. In this case, the applicant has reportedly achieved and/or maintained successful return to work. While a one- to two-session course of treatment would have been appropriate to combat the applicant's acute flare-up pain and would have been compatible with MTUS parameters, the eight-session course of treatment is not. This does represent treatment well in excess of the one to two sessions recommended on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines for acute exacerbations of chronic pain. Therefore, the request is not certified, on Independent Medical Review.

OUTPATIENT PHYSICAL THERAPY TREATMENTS TWO TIMES A WEEK FOR FOUR WEEKS: Overtaken

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The request for eight sessions of outpatient physical therapy, conversely, is medically necessary, medically appropriate, and indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, a general course of 9 to 10 sessions of treatment is recommended [REDACTED] for myalgias and myositis of various body parts, the issue reportedly present here. The applicant apparently did have an acute flare-up pain apparently as a result of lifting heavy luggage while on vacation. The applicant had achieved treatment success with unspecified amounts of prior physical therapy treatment by returning to regular duty work. Continuing physical therapy was indicated given the applicant's demonstration of functional improvement with prior treatment, as suggested on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request is certified.

PURCHASE OF A LUMBAR SPINE SUPPORT TO LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Finally, the request for lumbar support is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. In this case, however, the applicant is several years removed from the date of injury, June 21, 2011. She is well outside of the acute phase of symptom relief. Therefore, the request for a lumbar support is not certified.