

Case Number:	CM13-0029678		
Date Assigned:	11/27/2013	Date of Injury:	02/24/1998
Decision Date:	01/23/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	09/25/2013

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 neck and low back pain reportedly associated with an industrial injury of February 24, 1998. 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 chiropractic manipulative therapy and physical therapy over the life of the claim; and extensive periods of time off of work. In a utilization review report of September 24, 2013, the claims administrator partially certified request for 12 sessions of manipulation and 12 sessions of physical therapy and six sessions of physical therapy and six sessions of manipulation. The applicant's attorney letter appealed, on September 29, 2013. Earlier chiropractic progress note of May 7, 2012, October 19, 2012, and February 4, 2013 are notable for comments that the applicant remains off of work, on total temporary disability. In a September 4, 2013 progress note, the applicant reports neck pain, low back pain, and headaches, 7/10 which he attributes a change in weather, palpable trigger points, and limited range of motion are noted. The applicant is asked to pursue additional manipulation and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

twelve (12) sessions of chiropractic manipulative therapy: Upheld

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

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

Decision rationale: As noted on Pages 58, 59, and 60 of the California MTUS Chronic Pain Medical Treatment Guidelines, anywhere from 18 to 24 cumulative sessions of manipulative therapy can be recommended in those applicants who demonstrate objective improvement by successfully returning to work. In this case, however, the applicant remains off of work, on total temporary disability, despite having completed extensive amounts of manipulation and physical therapy over the life of the claim. Given the applicant's failure to demonstrate successful return to work despite having completed extensive manipulative therapy, the request is not certified.

twelve (12) sessions of physical therapy: Upheld

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

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

Decision rationale: As noted on Page 99 of the California MTUS Chronic Pain Medical Treatment Guidelines, a general course of 9-10 sessions of physical therapy is recommended for myalgias and/or myositis of various body parts. However, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines also recommends demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, there is no evidence that the applicant has effected any functional improvement through prior physical therapy over the life of the claim. She has failed to return to work. There is no evidence of diminished reliance on medical treatment. Rather, the fact that the applicant continues to pursue physical and chiropractic manipulative therapy at this late, several years removed from the date of injury, implies continued dependence on medical treatment. For all of these reasons, then, the request for additional physical therapy is not certified owing to lack of functional improvement as defined in MTUS 9792.20f.