

Case Number:	CM13-0032052		
Date Assigned:	12/18/2013	Date of Injury:	06/30/2011
Decision Date:	03/13/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/30/2013

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 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 June 30, 2011. 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; 24 sessions of chiropractic manipulative therapy, per the claims administrator; 24 sessions of acupuncture, per the claims administrator; MRI imaging of the lumbar spine of August 21, 2013, notable for an annular disk bulge at L4-L5; topical patches; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of September 9, 2013, the claims administrator denied a request for six sessions of chiropractic treatment and 10 sessions of physical therapy. The applicant's attorney subsequently appealed. On August 20, 2013, the applicant presented with reportedly heightened pain. She reported limited range of motions secondary to pain with paraspinal tenderness noted. Additional physical therapy and chiropractic manipulative therapy were endorsed while the applicant was placed 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:

Six (6) additional chiropractic treatments for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: The Chronic Pain Guidelines indicate that an overall course of 24 sessions of chiropractic manipulative therapy is endorsed in those applicants who successfully achieve and/or maintain successful return to work. However, in this case, the applicant has failed to achieve and/or maintain successful return to work. The applicant remains off of work, on total temporary disability, several years removed from the date of injury, implying that the 24 prior sessions of manipulative therapy performed were not effective. Therefore, the request for additional manipulative therapy is not certified.

Ten (10) physical therapy sessions for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 8 & 99.

Decision rationale: The applicant has seemingly had prior treatment (at least 12 sessions) over the life of the claim, seemingly in excess of the 9 to 10 session course of treatment recommended in the Chronic Pain Guidelines for myalgia and/or myositis of various body parts. However, in this case, there has been no demonstration of functional improvement, which would justify additional treatment beyond the guideline recommendation. The applicant remains off of work, and on total temporary disability. The applicant remains highly reliant on various medical treatments, including topical compounds. Continuing physical therapy without evidence of functional improvement is not recommended. Therefore, the request is not certified, on Independent Medical Review.