

Case Number:	CM13-0033404		
Date Assigned:	12/06/2013	Date of Injury:	11/07/2012
Decision Date:	01/15/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/09/2013

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, 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:

An initial physician review in this case notes that the patient had injuries to her lower back, neck, buttock, head, and bilateral hands. As of 09/04/2013, the patient was noted to have 3+ tenderness to palpation of the lumbar paravertebral muscles with spasm of the lumbar paravertebral muscles as well. The reviewing physician noted that the guidelines support a trial of 6 visits of chiropractic treatment, and therefore that physician modified the request for chiropractic care to 6 visits. That review noted that the request for kinetic activities was vague and nonspecific as to the body parts and therefore was noncertified. A P-2 report of 09/04/2013 notes that the patient reported daily lumbar pain and reported that tramadol was helping with the pain and helped the patient with cleaning, cooking, and getting dressed. The patient reported that she walked about 4 blocks once or twice per week. On exam, the patient had 3+ tenderness of the lumbar paravertebral muscles. The treatment plan included chiropractic 2-3 times a week for 6 weeks as well as kinetic activities 2-3 times per week for 6 weeks, with the goal of walking for 4 blocks twice a week and maintaining the patient's pain level as 4/10 and continuing with home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care to the lumbar spine, QTY: 18.00: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Manual Therapy and Manipulation, page 58, recommends, "low Back: elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if return to work achieved then 1-2 visits every 4-6 months." This treatment request for chiropractic treatment appears to be request for elective or maintenance treatment, which is not supported by the guidelines. Overall, the guidelines and records do not provide an indication or rationale for 18 chiropractic visits. The request for chiropractic care to the lumbar spine, QTY: 18.00 is not medically necessary and appropriate.

Kinetic activities: 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 Physical Medicine Page(s): 99.

Decision rationale: The medical records are somewhat nonspecific in terms of the specific treatment referenced by the term kinetic activities. It appears that this may be part of the patient's chiropractic treatment, which is not supported as medically necessary for the reasons noted in the separate request. Overall, the Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, page 99, indicate that physical therapy, "allow for fading of treatment frequency plus active self-directed home Physical Medicine." The medical records do not discuss an indication or rationale for additional supervised kinetic activities or other forms of physical medicine in this current chronic timeframe. The request for kinetic activities is not medically necessary.