

Case Number:	CM13-0036361		
Date Assigned:	07/02/2014	Date of Injury:	11/24/2012
Decision Date:	08/29/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/21/2013

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 reportedly associated with an industrial injury of November 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy, chiropractic manipulative therapy, and acupuncture; and epidural steroid injection therapy. In a Utilization Review Report dated September 13, 2013, the claims administrator denied a request for eight sessions of chiropractic manipulative therapy on the grounds that earlier conservative treatment had not been beneficial. The claims administrator cited non-MTUS Third Edition ACOEM Guidelines and the MTUS Chronic Pain Medical Treatment Guidelines at the bottom of the report but did not invoke either said guidelines into its rationale. Somewhat incongruously, the claims administrator stated in some section of its report that the applicant had had earlier manipulative therapy while other sections of the report stated that there was no point in the applicant's beginning manipulative therapy, given the fact that earlier physical therapy and acupuncture had been ineffectual. In an August 28, 2013 progress note, the applicant presented with ongoing complaints of low back pain. The applicant stated that earlier epidural steroid injection therapy was ineffectual. Eight sessions of chiropractic manipulative therapy were sought. The applicant was asked to try self-directed home exercises. The applicant's employer was apparently unable to accommodate her work restrictions, resulting in the applicant's being placed off of work, on total temporary disability. In a January 13, 2014 consultation, it was stated that the applicant had had 12 sessions of physical therapy, five sessions of acupuncture, and one prior epidural steroid injection, without benefit. It was stated that the applicant had reached maximum medical improvement. Permanent work restrictions were endorsed. The consultant did apparently perform a comprehensive survey of records. It did appear that the applicant had office visits with chiropractors on August 3, 2013, July 24,

2013, and August 10, 2013. It was unclear if the applicant in fact underwent manipulative treatment on those occasions, however. In a March 2014 progress note, the applicant followed up with her primary treating physician, a chiropractor. Medically supervised weight loss program was sought. The applicant was asked to perform self-directed home exercises. The applicant was described as obese, with BMI of 31.

IMR ISSUES, DECISIONS AND RATIONALES

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

(8) Chiropractic Treatment for the lumbar spine 2 times per week for 4 weeks, as out patient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages 58-59, Manual Therapy and Manipulation topic. Page(s): 58-59.

Decision rationale: Based on the information on file, there is no concrete evidence that the applicant has, in fact, had a previous course of chiropractic manipulative therapy. The applicant's new primary treating provider, a chiropractor, seemingly suggested that the request represented a first-time treatment for acupuncture. Similarly, the claims administrator, in its denial, also seemingly denied the chiropractic treatment on the grounds that the applicant has already had other conservative treatment and that the claims administrator believed that introduction of manipulative treatment would not be beneficial. However, as noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, manipulative therapy is recommended in the treatment of chronic pain if caused by musculoskeletal conditions. Page 59 of the MTUS Chronic Pain Medical Treatment Guidelines further recommends an initial trial of 6 to 12 visits of the same. The eight-session of initial chiropractic manipulative therapy, then, does conform to MTUS parameters and principles, contrary to what was suggested by the claims administrator. Accordingly, the request is medically necessary.