

Case Number:	CM13-0038779		
Date Assigned:	12/18/2013	Date of Injury:	09/18/2012
Decision Date:	03/24/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/02/2013

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 Illinois. 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 patient is a 44-year-old female who reported an injury on 09/18/2012, due to a slip and fall, which reportedly caused injury to the patient's low back. The patient's treatment history included physical therapy, medications, chiropractic care, and TENS unit. The patient's most recent clinical evaluation documented that the patient had muscle guarding to the lumbar spine and limited range of motion secondary to pain. The patient's diagnoses included a small bulge with annular fissure at the L4-5 with grade 1 anterolisthesis, segmental dysfunction of the lumbar spine, chronic lumbosacral sprain/strain, post traumatic myofascial pain, and anxiety. The patient's treatment plan included continuation of chiropractic care in conjunction with work conditioning, follow-up PMR evaluation and treatment for the patient's injuries, and referral for a psychological evaluation due to increased anxiety symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) sessions of chiropractic treatment between 9/5/2013 and 10/31/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

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

Decision rationale: The clinical documentation submitted for review indicates that the patient has recently undergone a course of chiropractic care. However, the clinical documentation fails to provide significant functional benefit as a result of that chiropractic care. The Chronic Pain Guidelines recommend that the continuation of chiropractic care therapy be based on objective functional gains. As the clinical documentation fails to provide any significant functional gains related to the patient's previous therapy, additional chiropractic treatment would not be supported. As such, the requested eight (8) sessions of chiropractic treatment are not medically necessary or appropriate

One (1) follow-up for PMR evaluation and treatment between 9/5/2013 and 10/31/2013:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Office visits.

Decision rationale: The Official Disability Guidelines recommend evaluation and management of ongoing complaints of patients. However, the request as it is submitted, does not clearly define a time frame for the follow-up evaluation to occur. Therefore, the necessity of this treatment is not clearly indicated. As such, the requested one (1) follow-up for PMR evaluation is not medically necessary or appropriate.

Eight (8) sessions of work conditioning between 9/5/2013 and 10/31/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation State of California Workers' Compensation Official Medical Fee Schedule, 4/1/1999 revision, page 504, and the ODG Physical Medicine Guidelines - Work Conditioning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: The clinical documentation submitted for review indicates that the patient has participated in six (6) out of eight (8) sessions of work conditioning. The clinical documentation fails to provide any documentation of functional benefit to support additional work conditioning. The clinical documentation does not include an adequate quantitative assessment or specifically identify increases in the patient's functionality to support continuation of treatment. As such, the requested eight (8) sessions of work conditioning is not medically necessary or appropriate.