

Case Number:	CM13-0043820		
Date Assigned:	12/27/2013	Date of Injury:	08/09/2012
Decision Date:	04/29/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 Expert Reviewer's decision rationale: The patient presents with low back and left knee pain. The progress note that contained the authorization request and possible a rationale is not available for this IMR. I have been asked to review for chiropractic x6. The 11/14/13 PM&R report states the patient lost gains from chiropractic care, but does not state what the gains were, or when the patient had chiropractic care. There were no chiropractic progress notes available for this IMR, and other than the 11/14/13 PM&R report, the other reports are psychology progress notes. MTUS recommends chiropractic care for lower back pain, MTUS recommends a trail of 6-sessions, and with documentation of functional improvement, states it can be extended up to 18 sessions. Based on the limited information provided for this IMR, there is mention of prior chiropractic care, but no documentation of functional improvement. The request for additional chiropractic care does not appear to be in accordance with MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK CONDITIONING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WORK CONDITIONING, WORK HARDENING..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

Decision rationale: The Expert Reviewer's decision rationale: I have been asked to review an incomplete prescription for "work conditioning" and have not been provided the progress report from the requesting physician with a rationale. MTUS does have some support for work conditioning, and recommends 10 visits over 8 weeks. The duration and frequency of the requested work conditioning were not listed. Without the duration and frequency, it cannot be compared to the recommended duration and frequency provided in MTUS. I cannot confirm that the incomplete prescription is in accordance with MTUS guidelines.

SIX (6) CHIROPRACTIC THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulations Page(s): 58 of 127.

Decision rationale: The Expert Reviewer's decision rationale: The patient presents with low back and left knee pain. The progress note that contained the authorization request and possible a rationale is not available for this IMR. I have been asked to review for chiropractic x6. The 11/14/13 PM&R report states the patient lost gains from chiropractic care, but does not state what the gains were, or when the patient had chiropractic care. There were no chiropractic progress notes available for this IMR, and other than the 11/14/13 PM&R report, the other reports are psychology progress notes. MTUS recommends chiropractic care for lower back pain, MTUS recommends a trail of 6-sessions, and with documentation of functional improvement, states it can be extended up to 18 sessions. Based on the limited information provided for this IMR, there is mention of prior chiropractic care, but no documentation of functional improvement. The request for additional chiropractic care does not appear to be in accordance with MTUS guidelines.