

Case Number:	CM13-0048344		
Date Assigned:	12/27/2013	Date of Injury:	11/29/2011
Decision Date:	03/11/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/05/2013

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 claimant has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 29, 2011. Thus far, the claimant has been treated with the following: analgesic medications, unspecified amounts of chiropractic therapy and manipulative therapy over the life of the claim, including eight sessions of each modality in April 2012, per the claims administrator; and extensive periods of time off of work, on total temporary disability. A later note of September 19, 2013 is notable for comments that the applicant works as a cashier and stocker at [REDACTED]. It is also noted that He is having issues with anxiety and depression. He is also using a TENS unit. It is further stated that the applicant has been working modified duty since July 2013. Additional manipulative therapy and acupuncture are sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatments, (6) sessions: 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 Manual Therapy and Manipulation Page(s): 59-60.

Decision rationale: While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of manipulative therapy in those applicants who achieve and/or maintain return to work, in this case, however, it is not clearly stated how much cumulative manipulative therapy the applicant has had over the life of the claim. The applicant's work status has seemingly been incongruously documented on multiple cases referenced above, some of which suggest that he is off of work, on total temporary disability, while others suggest that he has returned to modified work. Given the ambiguous documentation of the applicant's work status and lack of information as to how much cumulative manipulative therapy the applicant has had over the life of the claim, the request is not certified.

Acupuncture Treatments (6) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS, acupuncture treatments may be extended if there is evidence of functional improvement as defined in the guidelines. In this case, as noted previously, the documentation on file is sparse and difficult to follow. There is no clear-cut evidence of functional improvement as defined in the guidelines. The applicant's work status, functional status, and response to prior unspecified number of acupuncture treatments have not been clearly detailed. Continuing acupuncture without clear-cut evidence of functional improvement is not supported by the MTUS. Therefore, the request remains non-certified, on Independent Medical Review.