

Case Number:	CM13-0048744		
Date Assigned:	12/27/2013	Date of Injury:	02/25/2004
Decision Date:	04/24/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/06/2013

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 represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of February 25, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of chiropractic manipulative therapy and acupuncture over the life the claim. In a utilization review report of October 22, 2013, the claims administrator denied a request for three additional sessions of chiropractic manipulative therapy. One of the reasons cited was the fact that the claims administrator did not see any evidence that a medical-legal evaluator or Workers' Compensation Judge (WCJ) had in fact awarded the applicant's future medical care to include manipulation. The applicant's attorney subsequently appealed. In a progress note of August 7, 2013, the applicant reports having developed terrible pain and spasms in her low back, 8/10, with associated 6/10 neck pain. Limited range of motion about the cervical and lumbar spines was noted with 4 to 5/5 upper and lower extremity strength appreciated. A cervical pillow and additional manipulative treatment were sought. In a letter dated September 6, 2013, the claims administrator stated that the applicant is not anticipated to show functional improvement to the degree expected by utilization review. It was stated that UR non-certification has taken away the legal award which the applicant was entitled to. In another progress note dated June 19, 2013, the primary treating physician (PTP), a chiropractor, again stated that the decisions of an Agreed-Medical Evaluator (AME) and a Workers' Compensation Judge (WCJ) trump those of Utilization Review (UR).

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT AND PHYSIOTHERAPY 3 SESSIONS (1 ON DATE OF REQUEST AND 2 ADDITIONAL OVER THE COURSE OF 6 WEEKS) FOR THE CERVICAL AND LUMBAR SPINE: 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 & MANIPULATION Page(s): 58.

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, one to two sessions of chiropractic manipulative therapy can be employed every four to six months for recurrences or flare-ups of chronic low back pain in applicants who demonstrate treatment success by achieving or maintaining successful return to work status. In this case, however, the applicant apparently has not returned to any form of work. None of the recent progress notes allude to the applicant's work status or make any mention of the applicant's achieving and/or maintaining successful return to work status. Pursuing additional manipulative therapy for recurrences and/or flare-ups of chronic pain are not indicated except in those applicants who demonstrate successful return to work, page 58 of the MTUS Chronic Pain Medical Treatment Guidelines notes. Accordingly, the request for additional chiropractic manipulative therapy is not certified, on independent medical review.