

Case Number:	CM13-0053002		
Date Assigned:	03/31/2014	Date of Injury:	03/17/2013
Decision Date:	05/23/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/18/2013

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 March 17, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy and manipulative therapy over the life of the claim. In a Utilization Review Report of October 25, 2013, the claims administrator apparently denied a request for six sessions of chiropractic manipulative therapy, stating that the applicant had already completed 18 sessions of manipulative therapy through that point in time. The applicant's attorney subsequently appealed. In a December 23, 2013 progress note, the applicant was described as having transitioned to regular duty work. The applicant was using a TENS unit, doing home exercises, and employing Tylenol No. 3. The applicant was given a 10% whole-person impairment rating. In an earlier note of November 18, 2013, the attending provider apparently re-requested six additional sessions of chiropractic manipulative therapy. The applicant was given a rather permissive 55-pound lifting limitation. This was loosened from a previous at 50-pound lifting limitation. The applicant was working and stated that the earlier manipulative treatments were very helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ADDITIONAL CHIROPRACTIC TREATMENTS 1 X 6 FOR LUMBAR SPINE:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Section Page(s): 59-60.

Decision rationale: As noted on pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines, a total up to 24 sessions of chiropractic manipulative therapy can be supported for applicants showing continued improvement, especially documentation of improvement had shown that the applicant has achieved and/or maintained successful return to work status. In this case, the applicant has, in fact, achieved and/or maintained successful return to work status. Per the claims administrator, the applicant had completed 18 sessions of chiropractic manipulative therapy through the earlier Utilization Review denial. Given the applicant's favorable response to earlier chiropractic manipulative therapy as evinced by his progressively diminishing work restrictions over time and eventual successful return to regular work, six additional sessions of chiropractic manipulative therapy were medically necessary, medically appropriate, and indicated as of the date of the Utilization Review Report, October 25, 2013. Accordingly, the original utilization review decision is overturned and found to be medically necessary.