

Case Number:	CM13-0072190		
Date Assigned:	01/08/2014	Date of Injury:	05/29/2013
Decision Date:	07/11/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

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 patient is a 34-year-old male who has submitted a claim for lumbosacral sprain/strain associated with an industrial injury date of May 29 2013. Medical records from 2013 were reviewed and showed that patient complained of persistent low back pain. The pain radiates to his right leg. He also has on and off sharp shooting pain. The patient has difficulty with bending and stooping. He has difficulty sleeping at night due to his back pain. Physical examination showed tenderness of the lumbar paraspinal muscles. Straight leg raise test was positive on the right. Lumbar range of motion was limited. Motor and sensation was intact. MRI of the lumbar spine, dated December 5, 2013, revealed unremarkable results. Treatment to date has included medications, physical therapy, chiropractic therapy, home exercise program, and activity modification. Utilization review, dated December 17, 2013, modified the request for 9 additional sessions of chiropractic treatment to 6 additional sessions of chiropractic treatment because the patient previously had 12 sessions and guidelines only allow up to 18 sessions. The request for cervical pillow was denied because the medical necessity as it relates to the industrial injury of the lumbar spine has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

NINE (9) ADDITIONAL SESSIONS OF CHIROPRACTIC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines page 58 indicate that manipulation for the low back is recommended as an option. There should be a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. In this case, submitted medical records showed that the injured worker previously attended a course of chiropractic manipulative therapy with unspecified quantity and lack of proper documentation. It is not clear as to how many chiropractic treatments have been completed by the injured worker. Furthermore, evidence of objective functional improvement from chiropractic treatment has not been documented. Additional information is necessary before evaluation for need of continued chiropractic sessions can be done. Furthermore, the present request failed to specify the body part to be treated. Therefore, the request for 9 Additional Sessions of Chiropractic Treatment is not medically necessary.

CERVICAL PILLOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK AND UPPER BACK: PILLOW.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK AND UPPER BACK CHAPTER, PILLOW.

Decision rationale: The California MTUS guidelines do not specifically address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. They recommend the use of a neck support pillow while sleeping, in conjunction with daily exercise. This RCT concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit. In this case, it was not clear why a cervical pillow was requested. The associated industrial injury caused low back symptoms and there was no mention of any involvement of the cervical spine. There was no subjective nor objective evidence of any cervical spine pathology that would necessitate the need for a cervical pillow. Therefore, the request for Cervical Pillow is not medically necessary.