

Case Number:	CM14-0000707		
Date Assigned:	01/10/2014	Date of Injury:	02/01/2011
Decision Date:	04/07/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/02/2014

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 Chiropractic Care 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 is a 34-year-old male who was involved in a work injury on 2/1/2011. The claimant came under the care of [REDACTED], for complaints of neck, midback, lower back, and bilateral knee pain. The claimant was diagnosed with cervical sprain/strain, cervical disc protrusion per MRI 11/4/2011, thoracic sprain/strain, lumbar sprain/strain with radiculitis, lumbosacral disc disease per MRI 11/4/2011, bilateral knee sprain/strain, rule out bilateral knee internal derangement, rule out bilateral knee meniscus tear, situational depression, and sleep disturbance secondary to pain. The claimant was prescribed medication. In November 2012 the claimant was reevaluated by [REDACTED] and referred for a course of 12 physical therapy treatments. A December 2012 reevaluation resulted in a request for continued physical therapy at 3 times per week for 4 weeks in January 2013 [REDACTED] recommended acupuncture at 2 times per week for 4 weeks. The February 2013 evaluation resulted in a recommendation for continued acupuncture at 3 times per week for 4 weeks. The April 2013 evaluation by [REDACTED] resulted in a recommendation for continued acupuncture at 2 times per week for 4 weeks. The May 2013 and August 2013 evaluations with [REDACTED] resulted in recommendations for continued acupuncture. On 10/21/2013 [REDACTED] reevaluated the claimant and recommended physical therapy at 2 times per week for 6 weeks. The November 2013 evaluation with [REDACTED] resulted in a recommendation for continued physical therapy at 2 times per week for 6 weeks. During this time the claimant was also co-treated by [REDACTED], [REDACTED] who recommended epidural injections. On 11/18/2013 [REDACTED] reevaluated the claimant for continued complaints of "constant and moderately severe to severe mid back pain, rated 6/10, with radiation to the upper and lower back as well as bilateral wrist areas." The claimant was diagnosed with herniated nucleus pulposis at T7-8 and T8-9, 3-4 mm. The recommendation was for a course of 8 chiropractic treatments. The requested 8 chiropractic

treatments were modified by peer review to certify 4 treatments at 2 times per week for 2 weeks. On 12/12/2013 this request was appealed by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Section, Page(s): 58.

Decision rationale: The California MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 8 treatments exceed this guideline. The initial peer reviewer appropriately modified the initial request to certify 4 treatments as an initial clinical trial. That recommendation was consistent with MTUS guidelines. Given the fact that the requested 8 treatments exceed MTUS guidelines, the medical necessity was not established and results in noncertification.