

Case Number:	CM14-0006903		
Date Assigned:	02/19/2014	Date of Injury:	03/19/2012
Decision Date:	06/24/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/15/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 45-year-old male who reported an injury on 03/19/2012, due to an unknown mechanism. The clinical note dated 11/27/2013 presented the injured worker with rare headaches and slowed thinking. The injured worker's physical exam revealed right posterior cervical tenderness with pain on lateral rotation to the right and minimal spasm. The injured worker's treatment includes Topamax 50 mg, Advil, Tylenol, Robaxin, and Vicodin. The provider recommended additional physical therapy and additional chiropractic therapy. The request for authorization form is dated 12/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC THERAPY 3X2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 8, NECK AND UPPER BACK COMPLAINTS, 173

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: The request for additional chiropractic therapy is non-certified. The California MTUS Guidelines recommend that chiropractic care for chronic pain is caused by

musculoskeletal conditions. The intended goal or effect of manual medicine is achieved with positive symptomatic or objective measurable gains and functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The documents provide lack of evidence that the injured worker would benefit from future chiropractic treatments. There was lack of documentation indicating the injured worker had significant objective functional improvement with the prior therapy. Therefore, the request for six (6) additional chiropractic therapy sessions is not medically necessary and appropriate.

ADDITIONAL PHYSICAL THERAPY 3X2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-99

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The request for additional physical therapy 3 times a week for 2 weeks is non-certified. California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. There was lack of documentation indicating the injured worker's prior course of physical therapy as well as efficacy of the prior therapy. The goal of physical therapy treatment was not clear. The guidelines allow for up to 10 visits of physical therapy, the amount of physical therapy visits that had been completed was unclear. Therefore, the request of six (6) additional physical therapy sessions is not medically necessary and appropriate.