

Case Number:	CM14-0008553		
Date Assigned:	02/12/2014	Date of Injury:	08/18/2009
Decision Date:	07/03/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/22/2014

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 and Rehabilitation and is licensed to practice in Texas. 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 63 year old female who reported an injury on 08/18/2009. The injured worker had a history of pain and tenderness to the cervical region with a diagnosis of cervical HNP and lumbar HNP. The injured worker received 8 sessions of chiropractic therapy from 05/23/2013 to 06/11/2013 including spinal adjustments, electric stimulation and cold laser therapy. Per the 06/12/2013 clinical note, the injured worker stated "doing much better" and improving with chiropractic care. The injured worker reported therapy helped with posture, and that activities of daily living improved. Examination of the cervical spine included 1 plus spasms and tenderness. Cervical spine range of motion was noted as 40 degrees of flexion and 30 degrees extension. On 09/01/2013 a prescription was given for soma 350 mg to take for sleep. The treatment plan was for 6 more sessions of chiropractic care. The request for authorization form was submitted on 12/16/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY FOR CERVICAL AND LUMBAR SPINE:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activities are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. The MTUS Chronic Pain Guidelines recommend 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, with the fading of treatment frequency, plus active self directed home physical medicine. The documentation provided for review reveals the injured worker had chiropractic therapy from 05/23/2013 to 06/11/2013. The 06/12/2013 documentation indicated that the injured worker “is doing much better”. The documentation on 11/04/2013 indicates the treatment plan is for chiropractic care for the neck and lower back for flare up. There is a lack of documentation regarding residual deficits requiring additional therapy. There is no indication the injured worker plans to participate in a home exercise program. In addition, the submitted request of 12 sessions exceeds the MTUS Chronic Pain Guidelines’ recommendations. As such, the request is not medically necessary and appropriate.