

Case Number:	CM14-0103817		
Date Assigned:	07/30/2014	Date of Injury:	01/12/2013
Decision Date:	10/14/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/07/2014

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 Occupational Medicine, has a subspecialty in Preventive 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 neck, mid back, low back, and shoulder pain reportedly associated with an industrial injury of January 12, 2013. In a Utilization Review Report dated June 26, 2014, the claims administrator denied a request for eight sessions of chiropractic manipulative therapy to the neck, mid back, low back, and right shoulder. The applicant's attorney subsequently appealed. In a January 3, 2014 progress note, it was acknowledged that the applicant was off of work, on total temporary disability. The applicant was severely obese, standing 5 feet 10 inches and weighing 308 pounds, it was incidentally noted. The applicant received manual therapy treatment in the clinic setting. The applicant continued to receive manipulative treatment at various points over the course of the claim. On February 3, 2014, the applicant received additional manipulation. The applicant was placed off of work, on total temporary disability. Twelve additional sessions of manipulative therapy were sought at that point in time. In a May 8, 2013 progress note, it was acknowledged that the applicant had not worked since January 13, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 times a week for 4 weeks to cervical, thoracic, lumbar and right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant is off of work, on total temporary disability. The applicant has failed to demonstrate a favorable response to earlier manipulative treatment. Therefore, the request for eight additional sessions of manipulative therapy is not medically necessary.