

Case Number:	CM14-0139885		
Date Assigned:	09/08/2014	Date of Injury:	01/02/2013
Decision Date:	10/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/28/2014

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 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 pain reportedly associated with an industrial injury of January 2, 2013. In a Utilization Review Report dated August 14, 2014, the claims administrator denied a request for chiropractic manipulative therapy, invoking non-MTUS ODG Guidelines despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. In a February 4, 2014, progress note, the applicant was placed off of work, on total temporary disability owing to ongoing complaints of low back pain, 12 sessions of acupuncture were apparently sought. The applicant was again placed off of work. In progress note of February 27, 2014, the applicant was placed off of work, on total temporary disability, through March 27, 2014. It was stated that the applicant had had acu punctures, massage therapy, manipulative therapy, aquatic therapy through that point in time. Norco and baclofen were endorsed. On March 12, 2014, the applicant was again placed off of work, on total temporary disability. Manipulative therapy/chiropractic treatment was again sought. In May 27, 2014, progress note, the applicant consulted a neurosurgeon, who kept her off of work, on total temporary disability, for additional six weeks. It was acknowledged that the applicant was still using baclofen, Norco, Motrin, and Elavil, and was having difficulty performing activities of daily living as basic as getting out of bed. The applicant had had at least five recent sessions of manipulative therapy, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits, QTY: 4 sessions: 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): Manipulation and Chiropractic Guidelines

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 demonstrated 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. There is no evidence that earlier manipulative treatment has proven effective here. The applicant remains highly reliant and highly dependent on various medications including Norco, baclofen, Elavil, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite completion of manipulative treatment in unspecified amounts over the course of the claim. Therefore, the request is not medically necessary.