

Case Number:	CM14-0146278		
Date Assigned:	09/12/2014	Date of Injury:	11/18/2013
Decision Date:	11/04/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/09/2014

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:

There were 247 pages provided for this review. Several hand written notes were provided that were illegible. There is tenderness in the mid-and upper back, but no palpable spasm. The assessment was an ongoing back sprain. The patient is described as a 30-year-old with chronic cervicgia, thoracolumbar pain, and radicular pain in the extremities, cervicogenic headaches and recurrent myofascial strain that has been treated by conservative therapy. The medicines were Anaprox, Prilosec, Flexeril, and medical foods. There is painful restricted range of motion with no reflex, sensory or motor deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIRO LUMBAR X 6 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The MTUS stipulates that the intended goal of this form of care is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive

activities. It notes for that elective and maintenance care, such as has been used for many years now in this case, is not medically necessary. In this case, the appeal letter was carefully considered, but these records fail to attest to 'progression of care'. The guides further note that treatment beyond 4-6 visits should be documented with objective improvement in function. Further, in Chapter 5 of ACOEM, it speaks to leading the patient to independence from the healthcare system, and self-care. It notes that over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. The patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. Objective, functional improvement out of past rehabilitative efforts is not known. The request is not medically necessary.