MAXIMUS Federal Services

Case Number:	CM14-0150423		
Date Assigned:	09/18/2014	Date of Injury:	10/22/2006
Decision Date:	10/30/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/15/2014

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 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 and low back pain reportedly associated with an industrial injury of October 22, 2006.Thus far, the applicant has been treated with the following: Analgesic medications; trigger point injection therapy; a TENS-EMS device; and the apparent imposition of permanent work restrictions.In a Utilization Review Report dated August 28, 2014, the claims administrator denied a request for 12 sessions of chiropractic manipulative therapy.The applicant's attorney subsequently appealed.In a March 12, 2014 progress note, the applicant reported persistent complaints of neck pain, low back pain, arm pain, knee pain, and shoulder pain. Celebrex was endorsed. trigger point injection was performed. The applicant was asked to continue chiropractic manipulative therapy and continue usage of a TENS-EMS device. The applicant was permanent and stationary, it was stated. It did not appear that the applicant was working with permanent limitations in place.In a later note dated April 30, 2014, 12 additional sessions of chiropractic manipulative therapy were sought for the cervical spine and lumbar spine. Permanent work restrictions were renewed. Again, it did not appear that the applicant was working, however, with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy for the cervical spine and lumbar spine, 2 times a week for 6 weeks, quantity: 12 sessions: 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 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 seemingly not working with permanent limitations in place. Earlier chiropractic manipulative therapy in unspecified amounts over the course of the claim does not appear to have generated requisite improvement needed to justify continuation of the same. Therefore, the request is not medically necessary.