

Case Number:	CM14-0179873		
Date Assigned:	11/04/2014	Date of Injury:	06/03/2013
Decision Date:	12/12/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/29/2014

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 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 low back, neck, mid back, shoulder, ankle, and knee pain reportedly associated with an industrial injury of June 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications and H-Wave, the claims administrator failed to approve request for 12 sessions of chiropractic manipulative therapy, noting that the applicant had had 12 sessions of the same in 2014 alone and had, furthermore, failed to profit from such. The applicant's attorney subsequently appealed. In a progress note dated September 30, 2014, Toradol injection was administered in the clinic. The applicant was asked to pursue epidural steroid injection therapy, continue the H-Wave device, and continue chiropractic manipulative therapy while remaining off of work, on total temporary disability. The applicant's complete medication list, however, was not attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment twice a week for four weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation 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, here, however, the applicant is off of work, on total temporary disability. The applicant has not demonstrated treatment success with earlier manipulative therapy. Therefore, the request is not medically necessary.