

Case Number:	CM14-0024167		
Date Assigned:	06/11/2014	Date of Injury:	10/26/2005
Decision Date:	08/20/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/26/2014

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 licensed in Chiropractic Services 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 claimant is a 47-year-old female who was involved in a work injury on 10/25/2005 in which she injured her lower back. The claimant underwent a course of chiropractic treatment with [REDACTED], in 2012. The claimant underwent a course of physical therapy in September and October 2012. On 12/6/2012 the claimant underwent an agreed medical evaluation with [REDACTED]. The determination was that the claimant was permanent and stationary. On 10/4/2013 the claimant presented to the office of [REDACTED], for an initial evaluation for complaints of lower back pain as a result of an exacerbation. The claimant was authorized 12 sessions of physical therapy. Following completion of physical therapy [REDACTED] reevaluated the claimant on 1/15/2014 and noted a reduction and radicular complaints. The recommendation was for 12 additional physical therapy and 8 chiropractic treatments. On 2/3/2014 a peer review recommended certification of 2 physical therapy treatments to transition to a home exercise program and noncertification of the requested 8 chiropractic manipulation treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY X 12 SESSIONS FOR THE LUMBAR SPINE: 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 Physical Medicine Page(s): 98-99.

Decision rationale: California MTUS Guidelines, Chronic Pain Chapter; Physical Medicine, pages 98-99: "Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks." The claimant recently completed 12 sessions of therapy. The reexamination revealed no significant clinical findings in the lumbar spine. The claimant has undergone extensive course of treatment and should be well versed in the necessary stretches and exercises within the context of a home exercise program. Given the absence of any significant clinical findings in the lumbar spine, and consistent with MTUS guidelines, the medical necessity for the requested 12 additional chiropractic treatments for the lumbar spine was is not medically necessary and appropriate.

CHIROPRACTIC TREATMENTS X 8 SESSIONS FOR THE LUMBAR SPINE: 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 manipulation section Page(s): 58.

Decision rationale: The medical necessity for the requested 8 chiropractic treatments was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 8 treatments exceed this guideline. Moreover, there is no evidence of significant clinical findings in the lumbar spine that would necessitate provider driven care. Therefore, the medical necessity for the requested 8 chiropractic treatments are not is not medically necessary and appropriate.