

Case Number:	CM14-0039711		
Date Assigned:	06/27/2014	Date of Injury:	12/26/2013
Decision Date:	08/13/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/04/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 51-year-old male who was reportedly injured on July 5, 2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated June 11, 2014, indicated that there were ongoing complaints of chronic low back pain. The physical examination revealed a normal gait station and normal deep tendon reflexes. Motor and sensory were intact. No obvious deformities were reported. Diagnostic imaging studies were not reviewed. Previous treatment included multiple imaging studies, psychiatric evaluation and surgical intervention. A request had been made for multiple medications and was not certified in the pre-authorization process on February 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment with physiotherapy, myofascial release: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: When noting the date of injury, the findings of the most recent physical examination and the lack of any overt pathology, there was no clinical indication to initiate

chiropractic protocol at this time. As outlined in the California Medical Treatment Utilization Schedule, such interventions should be accomplished within the 1st 16 weeks of the injury. Furthermore, there were 2 lumbar surgeries that included instrumentation. Therefore, based on premise noted, the request for Chiropractic treatment with physiotherapy, myofascial release is not medically necessary and appropriate.

Functional Restoration Program to the cervical spine, bilateral shoulders and the thoracic spine two (2) times a week over six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

Decision rationale: When considering the injury sustained, the date of injury, the 2 separate lumbar surgeries with instrumentation and noting the finding on physical examination, there was no clinical indication presented for such a protocol. As outlined in the California Medical Treatment Utilization Schedule, there is indication for a functional restoration program when several criteria are met. Based on the progress notes, none of the criterion noted (1-6) have been addressed. As such, the request of Functional Restoration Program to the cervical spine, bilateral shoulders and the thoracic spine, two (2) times a week over six (6) weeks is not medically necessary and appropriate.