

Case Number:	CM14-0040340		
Date Assigned:	06/16/2014	Date of Injury:	11/09/2001
Decision Date:	07/21/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/03/2014

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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 9, 2001. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; earlier lumbar spine surgery; a spinal cord stimulator implantation with subsequent removal; opioid therapy; and unspecified amounts of manipulative therapy over the life of the claim. In a utilization review report dated February 19, 2014, the claims administrator denied a request for postoperative manipulative treatment. Despite the fact that the MTUS did address the topic, the claims administrator nevertheless cited non-MTUS Official Disability Guidelines (ODG) Guidelines in its denial. It is further noted that the claims administrator, at the heading of the report, incorrectly stated there was citing ACOEM when the body of the report did not in fact reference the same. In a progress note dated January 3, 2014, the attending provider noted that the applicant had chronic low back pain complaints. The attending provider noted that the spinal cord stimulator implantation replacement has not been beneficial. It was stated that the applicant should pursue lumbar spine surgery and 12 additional sessions of chiropractic manipulative therapy. It was stated that the applicant should follow up with a pain physician to refill his intrathecal pain pump. The fusion surgery was endorsed, along with 12 sessions of postoperative manipulative therapy. The attending provider did issue work restrictions, but suggested that the applicant's employer was unable to accommodate said limitations. On March 14, 2014, the applicant did undergo intrathecal pain pump reprogramming.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP CHIROPRACTIC TREATMENT TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (acute & chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Manipulation Page(s): 58-60.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, anywhere from 18 to 24 sessions of chiropractic manipulative therapy can be supported for the lumbar spine if there is evidence that the applicants have demonstrated treatment success by achieving and/or maintaining successful return to work status. In this case, however, the applicant has seemingly failed to return to work. There is no evidence that the earlier manipulative therapy at various points during the course of claimant has been successful. In addition to being off work, the applicant is also highly reliant on various other forms of medical treatment, including an intrathecal pain pump and a spinal cord stimulator and is, moreover, now contemplating further lumbar spine surgery. All the above, taken together, imply a lack of functional improvement as denied in MTUS 9792.20f despite completion of earlier manipulative treatment in unspecified amounts. Therefore, the request for post-op chiropractic treatment two (2) times a week for six (6) weeks is not medically necessary.