

<b>Case Number:</b>	CM14-0043390		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/06/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 [REDACTED] technician who has filed a claim for low back pain reportedly associated with an industrial injury of November 6, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work. In a Utilization Review Report of March 11, 2014, the claims administrator denied a request for six additional sessions of chiropractic manipulative therapy. It was stated that the applicant had had at least six prior sessions of chiropractic manipulative therapy at an earlier point in the claim. A neurology consultation was approved while a psychological evaluation was denied. The applicant's attorney subsequently appealed. In a progress note dated March 4, 2014, the applicant was asked to remain off of work, on total temporary disability. Additional chiropractic manipulative therapy was sought. A neurologic evaluation was noted. The applicant was asked to consult psychologist due to the chronicity of his complaints and difficulty performing various activities of daily living, including sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic x 6 visits over 4 weeks, thoracic/lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 58, Manual Therapy and Manipulation topic. Page(s): 58.

**Decision rationale:** As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, a total of up to 18 sessions of manipulative therapy are recommended for the low back, the primary body part implicated here, in applicants who have demonstrated objective evidence of functional improvement with treatment. In this case, however, the fact that the applicant is off of work, on total temporary disability, several months removed from the date of injury and several months removed from the date chiropractic manipulative therapy was initiated, implies a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request for Chiropractic X 6 Visits over 4 Weeks, Thoracic/Lumbar Spine is not medically necessary.

**Psychologist Eval, Thoracic and Lumbar Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 100, Psychological Evaluation topic. Page(s): 100.

**Decision rationale:** As noted on page 100 of the MTUS Chronic Pain Medical Treatment Guidelines, psychological evaluations are recommended in the chronic pain context present here, in this case, the applicant is off of work, on total temporary disability. The applicant has longstanding chronic pain complaints as well as low-grade psychological issues with insomnia. Obtaining a psychological evaluation is therefore indicated. Accordingly, the Psychologist Eval, Thoracic and Lumbar Spine are medically necessary.