MAXIMUS Federal Services

Case Number:	CM14-0074138		
Date Assigned:	07/16/2014	Date of Injury:	12/22/2010
Decision Date:	09/15/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/21/2014

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 represented [redacted] employee who has filed a claim for neck and low back pain reportedly associated with an industrial injury of December 22, 2010.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; a lumbar support; and unspecified amounts of manipulative therapy and physical therapy over the life of the claim.In a Utilization Review Report dated April 23, 2014, the claims administrator partially certified a request for eight sessions of manipulative therapy as four sessions of manipulative therapy.On February 4, 2014, it was stated that the applicant had persistent complaints of neck and low back pain for which the applicant would receive six sessions of manipulative therapy which had already been authorized.Additional manipulative treatment beyond that point was again sought, on March 6, 2014. The applicant was described as permanent and stationary. It was not stated whether or not the applicant was working or not. The applicant was given a Toradol injection.In a medical-legal evaluation dated June 3, 2013, the applicant was given a 20% whole person impairment rating. Permanent work restrictions were imposed. It was stated that the applicant was no longer working in her former role but was working elsewhere as a sales associate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x 4, cervical spine and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The attending provider has posited that the manipulative treatment is intended to endorse flare up of chronic low back pain. However, as noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, one to two visits of manipulative treatment are endorsed in applicants who achieve return to work status following earlier manipulative treatment every four to six months. In this case, then, the eight-session course of chiropractic manipulative therapy sought for the applicant's reported flare of low back pain does run well in excess of MTUS parameters, although it does appear that the applicant has returned to work in a different role/different capacity. Therefore, the request is not medically necessary.