MAXIMUS Federal Services

Case Number:	CM14-0097728		
Date Assigned:	07/28/2014	Date of Injury:	04/30/2013
Decision Date:	09/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/25/2014

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 chronic neck and low back pain reportedly associated with an industrial injury of April 30, 2013.Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy and chiropractic manipulative therapy; and opioid therapy.In a Utilization Review Report dated June 17, 2014, the claims administrator denied a request for chiropractic manipulative therapy, invoking non-MTUS ODG guidelines. The claims administrator seemingly suggested that the applicant had had 12 sessions of physical therapy through that point in time. In a May 16, 2014, medical-legal evaluation, the applicant reported ongoing complaints of neck and low back pain. The applicant was receiving indemnity benefits from Workers' Compensation and had been receiving payments for over a year, it was stated. The applicant was using Norflex, ketoprofen, Prilosec, Norco, and topical agents, it was acknowledged. It was stated that the applicant was not permanent and stationary.On April 10, 2014 "another course" of chiropractic manipulative therapy was sought on the grounds that the applicant had reportedly benefited from earlier treatment. Omeprazole, Norflex, Norco, and Naprosyn were endorsed. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Chiropractic Care for the Neck, Back, Right Hip and Right Leg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 59-60.

Decision rationale: While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate objective evidence of treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant is off of work, on total temporary disability. The attending provider has not outlined any tangible or material improvements in function achieved as a result of prior unspecified amounts of manipulative therapy over the life of the claim. Therefore, the request for 12 additional sessions of chiropractic treatment is not medically necessary.