

Case Number:	CM14-0098490		
Date Assigned:	07/28/2014	Date of Injury:	09/21/2012
Decision Date:	10/28/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/26/2014

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 Emergency Medicine and Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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 33-year-old female who reported an injury on 09/21/2012. The mechanism of injury was a motor vehicle accident. Prior treatments included physical therapy and medication. The surgical history was not provided. The diagnostic studies were not provided. Documentation of 06/20/2014 revealed the injured worker was on no medications. The injured worker had neck pain. The physical examination revealed decreased range of motion of the cervical spine. The injured worker had tenderness to the posterior facets. The injured worker had decreased range of motion in rotation and lateral bending. The injured worker had symptomatic muscle tightness associated with the levators and the trapezius. The injured worker had 2/2 deep tendon reflexes. Physical examination of the lumbar spine revealed reduced range of motion. The injured worker had positive findings in the right sacroiliac joint of poor sacroiliac joint dysfunction. The Gillet test was positive on the right. The diagnoses included cervical strain and lumbar strain. The treatment plan included future medical care including possible facet blocks or epidural injections and anti-inflammatory medications. There was no rationale provided for review. There was no other physician documentation submitted for review. There was no Request for Authorization nor physician documentation requesting manual manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manual Manipulation/ Mobilization procedures for upper back: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that manual therapy and manipulation is recommended for chest pain if it is caused by musculoskeletal conditions. Clinical documentation submitted for review failed to provide prior therapies that were participated in. Additionally, the request as submitted failed to indicate the quantity of sessions being requested. The California MTUS Guidelines indicate that treatment for flareups requires a need for re-evaluation of prior treatment success. There was a lack of documentation indicating prior objective benefit and treatment success. Given the above, the request for manual manipulation mobilization procedures for upper back is not medically necessary.