

Case Number:	CM13-0020363		
Date Assigned:	10/11/2013	Date of Injury:	02/12/2013
Decision Date:	04/16/2015	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/05/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 31 year old male who sustained an industrial injury on February 12, 2013. He has reported chronic pain in the neck and low back and has been diagnosed with chronic low back pain, lumbar neuritis, and possible disc herniation. Treatment has included medical imaging, medications, chiropractic care, and physical therapy. Currently the injured worker has decreased range of motion of the cervical and lumbar spine. There was positive cervical tenderness and paraspinous muscle spasming. There was positive trapezial tenderness and spasming. The treatment plan included medications. On August 21, 2013 Utilization review non certified chiropractic therapy with work conditioning 2 x week x 4 weeks citing the ACOEM guidelines. Per a Pr-2 dated 9/24/2013, the claimant has pain in the lower thoracic region and lumbosacral region. The claimant notes that medication and chiropractic therapy allow an increase of activities of daily living and a decrease of industrial related symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL FOR CHIROPRACTIC THERAPY WITH WORK CONDITIONING 2 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, , 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Work Conditioning Page(s): 58-60, 125-127.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. It is unclear whether the claimant had already exceeded the 24 visit maximum prior to this visit. However, the claimant did already have chiropractic treatments with no objective functional improvement. Therefore, further chiropractic visits are not medically necessary. There is also no recent documentation to suggest that the claimant is a candidate for work conditioning. Criteria for admission to a work hardening program has seven criteria, however the last note submitted was 9/2013. Therefore work conditioning is not medically necessary.