

Case Number:	CM13-0028954		
Date Assigned:	11/27/2013	Date of Injury:	06/19/1995
Decision Date:	01/22/2015	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/24/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 53-year-old female with a 6/19/95 date of injury. At the time (9/11/13) of the Decision for chiropractic manipulation 2 times a week for 4 weeks and medication management 1 time every 6 weeks for 8 medication management sessions/ 1 year, there is documentation of subjective (low back pain, fatigue, and dysphonia) and objective (not specified) findings, current diagnoses (lumbar spondylosis and failed back syndrome), and treatment to date (medications). Regarding chiropractic manipulation 2 times a week for 4 weeks, it cannot be determined if this is a request for initial or additional chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation 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 Practice Guidelines, Chapter 12, Low Back Complaints, pages 298-299; Chronic Pain Medical Treatment Guidelines, Manual Therapy & Manipulation, page 58.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: MTUS reference to ACOEM identifies documentation of objective functional deficits and functional goals as criteria necessary to support the medical necessity of chiropractic treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a trial of 6 visits, with evidence of objective functional improvement, total of up to 18 visits. Within the medical information available for review, there is documentation of diagnoses of lumbar spondylosis and failed back syndrome. In addition, there is documentation of functional deficits and functional goals. However, given documentation of a 6/19/95 date of injury where there would have been an opportunity to have had previous chiropractic therapy, it is not clear if this is a request for initial or additional (where chiropractic therapy provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) chiropractic therapy treatment. Therefore, based on guidelines and a review of the evidence, the request for Chiropractic manipulation 2 times a week for 4 weeks is not medically necessary.

Medication Management 1 time every 6 weeks for 8 medication management sessions/ 1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127; Official Disability Guidelines (ODG) Mental Illness & Stress, Office visits.

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker; and that the determination of necessity for a medication management visit requires individualized case review and assessment. Within the medical information available for review, there is documentation of diagnoses of lumbar spondylosis and failed back syndrome. However, there is no documentation of a rationale identifying the medical necessity of the requested medication management 1 time every 6 weeks for 8 medication management sessions/ 1 year exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for medication management 1 time every 6 weeks for 8 medication management sessions/ 1 year is not medically necessary.