

Case Number:	CM14-0201982		
Date Assigned:	12/12/2014	Date of Injury:	04/10/2014
Decision Date:	02/03/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/02/2014

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 Family Practice, 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 patient is a 50 year old male who sustained an industrial injury on April 4, 2010 while moving containers. Lumbar spine MRI dated June 4, 2014 revealed multilevel degenerative disc disease, central disc protrusion projecting 3 mm into the canal and mild facet arthrosis. The patient was seen on August 19, 2014 complaining of low back, sacral region and flank area pain bilaterally rated 6/10. Physical therapy has helped a little with walking. Recommendation was made for continued medications, right L5 medial branch block and a new course of physical therapy. The patient was seen on October 2, 2014 at which time he was diagnosed with lumbar disc injury, segmental dysfunction lumbar spine, chronic lumbosacral sprain strain, and posttraumatic myofascial pain. Request was made for an additional eight sessions of chiropractic treatments, PM&R evaluation for assessment and possible pain management, and additional eight sessions of work conditioning in conjunction with treatment. The patient remains on Total Temporary Disability. Examination revealed 60 flexion and 30/30 extension. Utilization review was performed on November 4, 2014 at which time the request for continued chiropractic sessions for the lumbar spine 18 and continued work conditioning for the lumbar spine 18 was noncertified. The request for consultation with a PMR (lumbar/possible pain management) was certified. With regards to continued chiropractic treatment, the peer reviewer noted that the documentation does not support that the claimant has had objective and functional improvement with recent treatment to support additional chiropractic treatments. With regards to work conditioning the prior peer reviewer noted that without evidence of positive clinical gains from prior treatment the medical necessity of this request was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued chiropractic sessions (lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, manual therapy & manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines specifically state that treatment beyond 4-6 visits should be documented with objective improvement in function. In this case, the request has been submitted for additional chiropractic treatments. There is no indication of significant objective functional improvement obtained from past chiropractic treatments. In fact, the patient remains on temporarily total disability and specialty consultation has been requested and certified. The patient does not meet the guideline's criteria for continued chiropractic treatment; therefore it is not medically necessary.

Continued work conditioning (lumbar): 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), Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 124-125.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, work conditioning is recommended as an option, and up to 10 sessions are recommended. In this case, the records do not establish the number of work conditioning session completed to date. Furthermore, there is no evidence that prior work conditioning has resulted in significant objective functional gains. Therefore, the request for continued work conditioning is not supported.