

Case Number:	CM15-0002049		
Date Assigned:	01/13/2015	Date of Injury:	01/04/2014
Decision Date:	03/13/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/05/2015

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: Physical Medicine & Rehabilitation

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 63-year-old female who reported an injury on 01/04/2014. The mechanism of injury was a slip and fall. On 10/10/2014, the injured worker presented with complaints of back pain. Prior therapies included physical therapy and medications. The current medications included Motrin and aspirin. Diagnoses were multilevel disc herniation of the thoracic spine and thoracic and lumbar sprain/strain. The provider's treatment plan included chiropractic therapy for the thoracic and lumbar spine 2 times 4 (8 sessions) and laboratory tests. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy for Thoracic/Lumbar Spine 2x4 (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

Decision rationale: The request for chiropractic therapy for the thoracic and lumbar spine 2 times 4 (8 sessions) is not medically necessary. The California MTUS Guidelines state that chiropractic care for chronic pain, if caused by musculoskeletal conditions, is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progress in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is recommended. There was a lack of documentation indicating the injured worker had significant functional improvement with the prior therapy. The amount of previous chiropractic sessions that the injured worker participated in was not provided. Additionally, the provider's request would exceed the guideline recommendations. As such, medical necessity has not been established.

Laboratory Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Preoperative lab testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for laboratory testing is not medically necessary. The California MTUS Guidelines recommend routine blood pressure monitoring is recommended. Periodic lab monitoring of a CBC or chemistry profile is recommended within 4 to 8 weeks after starting NSAID therapy. Interval or repeat lab tests after this treatment duration has not been established. The provider's request does not indicate what type of laboratory testing is being recommended and there was no rationale provided. As such, medical necessity has not been established.