

Case Number:	CM14-0103260		
Date Assigned:	07/30/2014	Date of Injury:	12/07/1999
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 45 year-old female injured worker was reportedly injured on 12/07/1999. The mechanism of injury is noted as a lifting injury. The most recent progress note, dated 04/17/2014, indicates that there are ongoing complaints of neck and low back pain. Decreased range of motion, positive Spurling's test. No recent diagnostic studies are available for review. Previous treatment includes medication, and conservative treatment. A request was made for chiropractic treatment with manipulation, electrical stimulation, and myofascial release for twelve sessions, work conditioning for twelve sessions, and was not certified in the pre-authorization process on 06/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment with manipulation, e-stim, and myofacial release for twelve (12) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), ODG Chiropractic Guidelines, Cervical Nerve Root Compression with Radiculopathy.

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

Decision rationale: The MTUS guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of six (6) visits over two weeks with the evidence of objective functional improvement, and a total of up to 18 visits over 16 weeks is supported. After review of the available medical records, there is no clinical documentation or baseline level of function to show future subjective or objective improvements with the requested treatment. In addition, the twelve visits requested exceeds the maximum visits allowed by treatment guidelines. As such, this request is considered not medically necessary.

Work conditioning for twelve (12) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Work conditioning, Work Hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

Decision rationale: After review of the guidelines it is noted that the worker must be no more than two years past the date of injury. The worker has not returned to work in two years post injury and may not benefit. Therefore, this request is deemed not medically necessary.