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| Case Number: | CM14-0156541 | | |
| Date Assigned: | 09/26/2014 | Date of Injury: | 02/18/1999 |
| Decision Date: | 10/31/2014 | UR Denial Date: | 08/25/2014 |
| Priority: | Standard | Application Received: | 09/24/2014 |

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 18, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy and chiropractic manipulative therapy over the course of the claim; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 25, 2014, the claims administrator denied a request for 12 sessions of chiropractic manipulative therapy to the lumbar spine, stating that the applicant had already had 10 sessions of manipulative treatment in March 2014. The claims administrator did not furnish the applicant's work status. The claims administrator did not incorporate any guidelines into its rationale, although it did state that he was basing his decision on non-MTUS Third Edition ACOEM Guidelines, despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. In a handwritten note dated March 15, 2014, 10 sessions of chiropractic manipulative therapy were sought. The applicant presented with 3-6/10 neck, mid back, and low back pain. The applicant's work status was not clearly furnished. In a May 8, 2014 medical-legal evaluation, it was suggested that the applicant was currently working in medical sales, selling ENT equipment from home. It was stated that the applicant was working within the parameters of suggested limitations. In a July 15, 2014 progress note, the applicant reported persistent complaints of low back, left knee, and left foot pain with derivative complaints of headaches. The applicant stated that her symptoms had worsened since she ceased chiropractic manipulative therapy. Relafen was endorsed. The applicant was asked to continue working. Additional manipulative treatment was later sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the lumbar spine, QTY: 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.acoempracguides.org/Low Back>

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

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, one to two sessions of chiropractic manipulative therapy are recommended every six months in applicants who develop recurrences and/or flares of low back pain who have demonstrated treatment success with earlier manipulative treatment by achieving and/or maintaining successful return-to-work status. In this case, while the applicant has returned to work, the request for 12 sessions of treatment represents treatment well in excess of the "one to two visits every four to six months" endorsed on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines for acute flares of chronic low back pain, as was/is reportedly present here. No rationale for treatment this far in excess of the MTUS parameters was proffered by the attending provider. Therefore, the request is not medically necessary.