

Case Number:	CM14-0142308		
Date Assigned:	09/10/2014	Date of Injury:	05/07/2014
Decision Date:	10/06/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	09/02/2014

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 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 36-year-old female with a 5/7/14 date of injury. At the time (7/29/14) of the decision for Chiropractic treatment for the lumbar spine, 2 times a week for 3 weeks and work hardening/conditioning, for the lumbar spine, 2 times a week for 3 weeks, there is documentation of subjective (low back pain) and objective (decreased lumbar spine range of motion) findings, current diagnoses (lumbar pain, lumbar spine/strain, facet arthropathy at L4-L5 and L5-S1, lumbar disc herniation at L3-L4, L4-L5, and L5-S1, lumbar radiculopathy and arthropathy, and lumbar disc syndrome), and treatment to date (medications and 7 previous chiropractic therapy treatments). Regarding Chiropractic treatment for the lumbar spine, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Chiropractic therapy treatments to date. Regarding Work hardening/conditioning, there is no documentation of an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning; and a defined return to work goal agreed to by the employer & employee (a documented specific job to return to with job demands that exceed abilities or documented on-the-job training).

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, 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC): Low Back Procedure Summary last updated 07/03/2014, Chiropractic Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that manual therapy/manipulation is recommended for chronic pain if caused by musculoskeletal conditions, and that 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. MTUS additionally supports a total of up to 18 visits over 6-8 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar pain, lumbar spine/strain, facet arthropathy at L4-L5 and L5-S1, lumbar disc herniation at L3-L4, L4-L5, and L5-S1, lumbar radiculopathy and arthropathy, and lumbar disc syndrome. In addition, there is documentation of 7 previous chiropractic therapy treatments, functional deficits, and functional goals. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of chiropractic therapy treatments to date. Therefore, based on guidelines and a review of the evidence, the request for Chiropractic treatment for the lumbar spine, 2 times a week for 3 weeks is not medically necessary.

Work hardening/conditioning, for the lumbar spine, 2 times a week for 3 weeks: 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), Treatment in Workers Compensation (TWC): Low Back Procedure Summary last updated 07/03/2014, Work Hardening Program

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines work hardening Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Work conditioning, work hardening

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work); after treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning; a defined return to work

goal agreed to by the employer & employee (a documented specific job to return to with job demands that exceed abilities, OR documented on-the-job training); and no more than 2 years past the date of injury, as criteria necessary to support the medical necessity of a work hardening program. In addition, ODG work conditioning physical therapy guidelines supports up to 10 visits over 4 weeks, equivalent to up to 30 hours. Within the medical information available for review, there is documentation of diagnoses of lumbar pain, lumbar spine/strain, facet arthropathy at L4-L5 and L5-S1, lumbar disc herniation at L3-L4, L4-L5, and L5-S1, lumbar radiculopathy and arthropathy, and lumbar disc syndrome. In addition, given documentation of subjective (low back pain) and objective (decreased lumbar spine range of motion) findings, there is documentation of work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work); and no more than 2 years past the date of injury. However, there is no documentation of an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning; and a defined return to work goal agreed to by the employer & employee (a documented specific job to return to with job demands that exceed abilities or documented on-the-job training). Therefore, based on guidelines and a review of the evidence, the request for Work hardening/conditioning, for the lumbar spine, 2 times a week for 3 weeks is not medically necessary.