

Case Number:	CM13-0034991		
Date Assigned:	12/11/2013	Date of Injury:	01/30/2013
Decision Date:	01/30/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/16/2013

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 licensed in Chiropractic and Acupuncture 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 claimant is a 26 year old female who was involved in a work related injury on 1/30/2013. She has occasional pain in her low back which is sharp and throbbing. Her primary diagnoses are lumbar spine IVD syndrome and lumbar spine sprain/strain. Other treatments have included physical therapy treatment and oral medications. The claimant had 6 visits of chiropractic and electrical stimulation approved on 9/18/2014 as a trial. On the last report for 11/21/2013, the claimant was deemed able to return to work on 11/21/2013 with no limitations or restrictions. The prior report on 9/11/2013, the claimant was on modified duty and had not started chiropractic treatment. The claimant was stated to have been received chiropractic once a week for the last 4 weeks on 11/21/2013. The report also states that chiropractic has resolved her complaints. On 9/11/2013, she is stated to have had chiropractic treatment 2 x a week for the last 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrical stimulation therapy for the lumbar spine (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Transcutaneous Electrotherapy Page(s): 58-60, 113-115.

Decision rationale: According to evidenced based guidelines, electrical stimulation is not recommended as a primary treatment modality. Six sessions of electrical therapy were authorized in September 2013. There is no documentation of completion of prior sessions or of any functional improvement related to the electrical stimulation. The claimant has had extensive physical therapy as well and no direct mention of the benefit of electrical stimulation has been documented. Therefore, further electrical stimulation is not medically necessary.

Chiropractic manipulation therapy for the lumbar spine (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic visits after an initial trial are medically necessary based on documented functional improvement. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant has had functional improvement with chiropractic and has returned to work. However, according to her last doctor's report dated 11/21/2013 the recommended frequency is once a week for 4 weeks. Further chiropractic is medically necessary but not 2 visits for 4 weeks. Therefore the request is not medically necessary based on the frequency requested.