

Case Number:	CM13-0043246		
Date Assigned:	12/27/2013	Date of Injury:	10/08/2012
Decision Date:	02/25/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in New York and Texas. 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 physician 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 patient is a 49-year-old male who reported an injury on 10/08/2012. The mechanism of injury was not provided. The clinical documentation submitted for review was dated 2012. The patient was noted to have a diagnosis, per the application for independent medical review, of a sprain of the lumbar region. The request was made for outpatient chiropractic manipulation of the lumbar spine, and 1 Interferential Unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Chiropractic Manipulation of the Lumbar Spine, 2 times per week over 6 weeks: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines, states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. The

clinical documentation submitted for review indicated the patient had previous chiropractic care. However, there was a lack of documentation indicating the number of sessions attended and the patient's functional improvement. Given the above, the request for outpatient chiropractic manipulation of the lumbar spine 2 times per week over 6 weeks is not medically necessary.

Purchase of 1 Interferential Unit for home use on the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118.

Decision rationale: Chronic Pain Medical Treatment Guidelines, does not recommend interferential current stimulation (ICS) as an isolated intervention and should be used with recommended treatments including work, and exercise. The clinical documentation submitted for review failed to provide documentation of the necessity for the requested unit and if the unit would be used as an adjunct as there was no clinical submitted addressing the IF unit. Given the above and the lack of documentation, the request for purchase of 1 Interferential Unit for home use on the lumbar spine is not medically necessary.