

Case Number:	CM13-0059675		
Date Assigned:	12/30/2013	Date of Injury:	05/25/2003
Decision Date:	04/14/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/30/2013

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 Board Certified in Orthopedic Surgery 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:

This is an 80-year-old gentleman who was injured on 05/27/03. The clinical records provided for review included a 09/09/13 progress report noting current complaints of low back pain, weakness of the legs and stiffness. Physical examination findings showed tenderness to palpation, diminished range of motion, and no documented neurologic findings. Reports of formal imaging were not provided. Documentation indicated that the claimant has been treated conservatively with multiple bouts of therapy and chiropractic sessions. At present, there is a recommendation for continuation of chiropractic measures to include therapeutic modalities. No additional records of treatment or imaging in regards to the claimant's course of care over the past ten years were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulative treatment spinal 1-2 regions lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

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

Decision rationale: Based on the California MTUS Chronic Pain Medical Treatment 2009 Guidelines, continued chiropractic measures would not be indicated. The Chronic Pain Guidelines support the use of Chiropractic care for a maximal duration of eight weeks. It indicates that after eight weeks the claimant should be reassessed. The records provided for review indicate that the claimant has undergone numerous sessions of prior chiropractic management for the injury that is now greater than 11 years old. There is no documentation within these records to support continued acute use of this therapeutic modality, based on the claimant's current clinical presentation.

Myofascial release soft tissue mobilization for 2 weeks, lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Electrical stimulation, lumbar for 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Hot/cold pack application, lumbar for 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.