

Case Number:	CM14-0154722		
Date Assigned:	09/29/2014	Date of Injury:	05/24/2012
Decision Date:	12/17/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/22/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 32-year-old female who reported an injury on 05/24/2012. The mechanism of injury was not stated. The current diagnoses include cervical radiculopathy, cervical sprain/strain, lumbar radiculopathy, and lumbar sprain/strain. The injured worker presented on 08/07/2014 with complaints of intermittent moderate sharp neck pain with radiation into the bilateral upper extremities as well as low back pain with stiffness and numbness in the lower extremities. Physical examination revealed tenderness to palpation of the bilateral upper trapezii and cervical paravertebral muscles, muscle spasm, and positive shoulder depression tests bilaterally. Physical examination of the lumbar spine revealed tenderness to palpation of the bilateral SI joints, coccyx, lumbar paravertebral muscles, sacrum and spinous processes. Straight leg raising produced pain bilaterally. Lasegue's test was also positive. Treatment recommendations at that time included physical therapy and chiropractic manipulation 1 to 2 times per week. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1-2x4 cervical/lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. The current request for 1 to 2 sessions per week for 4 weeks exceeds guideline recommendations. Therefore, the request is not medically necessary.

PT1-2x4 massage therapy (Massage therapy; ultrasound; diathermy; electrical stimulation; comp asst EMS and Matrix), for cervical/lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, 60, and 123.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Massage therapy is recommended and should be limited to 4 to 6 visits. Therapeutic ultrasound is not recommended. Based on the California MTUS Guidelines, the request is not medically necessary.