

Case Number:	CM14-0158013		
Date Assigned:	10/01/2014	Date of Injury:	03/15/2005
Decision Date:	10/31/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/26/2014

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 Chiropractics 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 available medical records, this is a 71 year old male with chronic left upper back pain, date of injury is 03/15/2005. Previous treatments include medications and chiropractic. There is no other treatment records available for review. Progress report dated 07/01/2014 by the treating doctor revealed patient with complains of left upper back pain that is sharp and intermittent, 6/10 on pain scale, pain aggravate with pressure applied to left upper back, inferior to left scapula. Physical exam noted decreased thoracic ROM, tenderness and pain. Diagnosis is neuropathic pain. The patient is retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatment with cold laser treatment, three times weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

Decision rationale: The claimant is a 71 year old male with chronic left upper back pain. While there is limited functional deficits and minimal objective findings reported, the claimant is noted to have good improvement with prior 9 chiropractic treatments with cold laser therapy. However, cold laser therapy is not recommended by MTUS guidelines and 18 chiropractic treatments request also exceeded the guideline recommendation. Therefore, it is not medically necessary.