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| Case Number: | CM14-0179910 | | |
| Date Assigned: | 11/04/2014 | Date of Injury: | 05/14/2014 |
| Decision Date: | 12/11/2014 | UR Denial Date: | 10/27/2014 |
| Priority: | Standard | Application Received: | 10/29/2014 |

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 a licensed Chiropractor 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 39 year old male patient with low back pain and right knee, date of injury is 05/14/2014. Previous treatments include chiropractic, physical therapy, and home exercises program. There is no progress report from the treating doctor. A re-evaluation report dated 10/30/2014 from the physical therapist revealed patient with lumbar spine and right knee pain after working long hours on his knees as a laborer, magnetic resonance imaging (MRI) of knee positive for meniscus tear. Objective findings include functional test: balance: right leg, eyes closed, firm average. The patient is unable to work secondary to dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic manipulative treatment, 2x weekly, lumbar spine, per 10/20/14 Rx. Qty: 12.00: Upheld

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

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

Decision rationale: The claimant presents with low back pain and right knee pain. Reviewed of the available medical records showed the claimant has completed 12 chiropractic treatments, however, there is no progress report document objective functional improvements. The request for additional 12 visits also exceeded California Medical Treatment Utilization Schedule (MTUS) guideline recommendations of a total of 18 visits over 6-8 weeks. Therefore, it is not medically necessary.

Electrical stimulation, 2x weekly, lumbar spine, per 10/20/14 Rx. Qty: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 45, 97, 98, 118, 120, 121.

Decision rationale: The available medical records showed the claimant has completed 12 chiropractic treatments with electrical stimulation. However, there is no documents of objective functional improvement, and additional chiropractic therapy is not medically necessary as mention above. According to MTUS guidelines, electrical stimulation is not recommended as an isolated intervention. Therefore, it is not medically necessary.

Mechanical traction, 2x weekly, lumbar spine, per 10/20/14 Rx. Qty: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: While California Medical Treatment Utilization Schedule (MTUS) guidelines do not address mechanical traction for the treatment of low back pain, ACOEM guidelines do not recommend traction for low back injuries. Therefore, the request for 12 mechanical traction sessions for this claimant low back condition is not medically necessary.

Therapeutic procedure, 2x weekly, lumbar spine, per 10/20/14 Rx. Qty: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 98-99.

Decision rationale: Reviewed of the available medical records showed the claimant has completed 6 physical therapy visits and 12 chiropractic visits to date. The request for additional 12 visits of therapeutic procedure exceeded the guidelines recommendations and therefore, not medically necessary.

Ultrasound, 2x weekly, lumbar spine, per 10/20/14 Rx. Qty: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 123.

Decision rationale: The claimant presents with low back pain and right knee pain. While MTUS guidelines do not recommend ultrasound for the treatment for low back pain, the claimant has completed 12 chiropractic treatments with ultrasound. Based on the guidelines cited, the request for additional 12 ultrasound treatments for this claimant's lumbar spine is not medically necessary.