

Case Number:	CM14-0024225		
Date Assigned:	06/11/2014	Date of Injury:	09/23/1991
Decision Date:	10/14/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/26/2014

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 Family Medicine 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 patient is a 65-year-old female, who has submitted a claim for lumbar sprain /strain; lumbosacral segmental dysfunction and spasm of the lumbar muscles associated with an industrial injury date of September 23, 1991. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain more on the left. There was also left leg and knee pain with walking. Physical examination of the lumbar spine showed lumbar segmental instability at L3, L4 and L5 with bilateral sacroiliac joints instability. Moderate muscle spasms were noted bilaterally between L2-L5. Treatment to date has included medication, 16-18 chiropractic visits (since February 2013), home exercise program and stretching program. Utilization review from January 29, 2014 denied the request for Four (4) Sessions of Chiropractic Manipulation and Ultrasound Therapy however, reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR (4) SESSIONS OF CHIROPRACTIC MANIPULATION AND ULTRASOUND THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation; Therapeutic Ultrasound Page(s): 57; 123.

Decision rationale: As stated on pages 57 and 123 of CA MTUS Chronic Pain Medical Treatment Guidelines, manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. However, therapeutic ultrasound is not recommended. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. In this case, the patient has been on chiropractic manipulation and ultrasound since February 2013. However, records reviewed did not show any objective functional improvement in the status of the patient. Neither did the documents did also show any measurable outcome regarding the pain status of the patient nor was there improvement on the activities of daily living of the patient. Furthermore, there was no clear discussion concerning need for ultrasound when the guidelines did not recommend its use. Moreover, body part to be treated is not specified. Therefore, the request for Four (4) Sessions of Chiropractic Manipulation and Ultrasound Therapy is not medically necessary.