

Case Number:	CM14-0050654		
Date Assigned:	06/25/2014	Date of Injury:	07/12/2003
Decision Date:	07/25/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/24/2014

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 Chiropractic 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 40 years old female patient with chronic low back and right hip pain, date of injury 07/12/2003. Previous treatment include chiropractic and medications. Progress report dated 12/19/2013 by the treating doctor revealed patient with frequent 3-6/10 lower back and right posterior hip pain without radiation into her lower extremities. Her pain is provoked with changes in position and is relieved with self massage, heat and taking Tramadol as prescribed by her MD. She states that chiropractic care has been helpful for her condition with a 50% recovery since beginning care. Thoracolumbar AROM noted flexion-30% decreased but painless, extension 50% decreased with LBP, rotation - 50% decreased with LBP, lateral flexion - 50% decreased with LBP and right hip pain. Positive Kemp's on left. Patient has been seen for 8 treatments over 4 weeks. She had returned to modified work duties. Progress report dated 02/11/2014 by the treating doctor revealed patient with frequent 3-5/10 lower back and right hip pain without radiation into her lower extremities. Her symptoms are provoked with changes in position and relieved when taking Tramadol as prescribed by her MD. Chiropractic care has also help. Objective findings only noted multiple positive orthopedic and physical exam findings. Patient is diagnosed with back pain, degenerative joint disease and post laminectomy discectomy L3-L4. Patient has been seen for 8 additional treatments and remained on modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of chiropractic manipulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines. Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines. pg. 58-59.

Decision rationale: Available medical records reviewed this patient has had 16 chiropractic treatments so far. The progress report noted the same subjective findings and no evidence of functional improvement with the last 8 visits. Therefore, based on the guidelines cited above, the request for additional 6 chiropractic manipulation to the lumbar spine is not medically necessary.

6 sessions of interferential current: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines. Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, pg. 118.

Decision rationale: There is no evidence of increased functional improvement, same pain level reported and no evidence of medications reduction, after 2 months of being treated with chiropractic manipulation and interferential current. Based on the guidelines cited above, the request for additional interferential current treatments is not medically necessary.