

Case Number:	CM14-0075974		
Date Assigned:	07/16/2014	Date of Injury:	03/06/2014
Decision Date:	08/14/2014	UR Denial Date:	04/27/2014
Priority:	Standard	Application Received:	05/23/2014

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 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 62 year old male patient with low back pain, date of injury 03/06/2014. Previous treatments include medications and modified work duties. Treating doctor first report dated 04/02/2014 revealed patient with low back pain. Physical exam revealed flattened lumbar lordosis, tenderness to palpation with slight to moderate spasm and muscle guarding is present over the paravertebral musculature extending into the lumbosacral junction, localized tenderness noted over the SI joints, more on right, positive Gaenslen's, Patrick Fabere's and Yeoman's tests, lumbar ROM: flexion 42, extension 10, right side bending 12 and left side bending 11. Diagnoses include lumbar musculoligamentous sprain/strain, SI joint sprain, R>L. The patient returned to modified work on 04/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment QTY 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

Decision rationale: ACOEM guidelines suggest manipulation may enhance patient mobilization in the acute phases of injury. However, if manipulation does not bring improvement in 3 to 4 weeks, it should be stopped and the patient reevaluated. For patients with symptoms lasting longer than one month, manipulation is probably safe but efficacy has not been prove. The request for chiropractic 2 times per week for 6 weeks is beyond the period of guideline recommendation and without evidence of improvements. Therefore, it is not medically necessary.

Ortho Stim IV/ Interferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: ACOEM guideline suggest Interferential current stimulation can be use in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The patient had returned to modified work and being treated with medications and home exercise program. However, it is too early to assess the patient improvement from these treatments, therefore, interferential unit is not medically necessary at this time.