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| Case Number: | CM14-0087221 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 06/29/2003 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 05/16/2014 |
| Priority: | Standard | Application Received: | 06/10/2014 |

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 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 60-year-old male with chronic low back pain and radiating leg pain, date of injury 06/29/2003. Previous treatments include chiropractic, medications, modified work duties, physical therapy, lumbar epidural steroid injections and sacroiliac (SI) joint injection. Progress report dated 4/29/2014 by the treating doctor reported an exacerbation, dull/achy, moderate low back and right leg pain. Objective findings include positive magnetic resonance imaging (MRI), positive Kemp's, positive right straight leg raising (SLR), sciatica, moderate muscle guarding, and 60 degrees lumbar flexion. Diagnoses include lumbar intervertebral disc syndrome and lumbar radiculitis. The patient is reported to be on Supplemental Security Income (SSI).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Chiropractic manipulation session to include, electrical stimulation, massage: Upheld

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

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

Decision rationale: The request for chiropractic manipulation session to include, electrical stimulation, and massage is not medically necessary. Electrical stimulation (E-Stim) and massage are recommended as adjunct treatment to other recommended treatments such as exercises, per the documentation provided there is no therapeutic exercise program recommended for this patient. In review of the available medical records, it is also noted that this patient has had extensive chiropractic treatments at least once a month from 12/05/2012 to 04/29/2014. Therefore, per the CA MTUS guidelines chiropractic manipulation session to include, electrical stimulation and massage is not medically necessary.