

Case Number:	CM14-0096048		
Date Assigned:	07/25/2014	Date of Injury:	09/10/2009
Decision Date:	10/08/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/24/2014

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 a licensed Chiropractor and Acupuncturist, and is licensed to practice in Texas. 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 injured worker is a 51-year-old female, who reported injury on 09/10/2009 caused by an unspecified mechanism. The injured worker's treatment history included MRI studies and medications. The patient was evaluated on 06/09/2014, and it was documented that the injured worker continued to complain of continuous aching, burning, and shooting discomfort in buttocks. She described the discomfort increased with movement. The pain was 8/10. Intensity of the pain and discomfort occurs approximately 100% of the time. She stated the discomfort is the same since last visit. Objective findings: There was none noted. Diagnoses included lumbar IVD displacement without myelopathy and injury to the lumbar nerve root. Request for Authorization, dated 06/10/2014, was for Chiropractic and Physiotherapy 2 x week x 3 weeks Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic and Physiotherapy 2 X wk X 3 wks Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Physical medicine guidelines Page(s). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , low back (updated 5/12/14) Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapy & Manipulation; Physical Medicine Page(s): 58; 98-99.

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: The requested is not medically necessary. The California MTUS Guidelines may support up to 18 visits of chiropractic sessions. Manual Therapy & 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted failed to indicate if the injured worker has had prior physical therapy treatment and outcome measurements. Given the above, the request for Chiropractic Therapy and physiotherapy 2 x weeks x for 3 weeks is not medically necessary.