MAXIMUS Federal Services

Case Number:	CM14-0167544		
Date Assigned:	10/14/2014	Date of Injury:	03/04/2002
Decision Date:	12/31/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Pennsylvania
Certification(s)/Specialty: Family Practice

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 46 year old female who sustained an industrial injury on 3-4-02. The injured worker reported pain in the back, neck and left hand and wrist. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar, neck and left hand-wrist sprain strain. Medical records dated 3-2-10 indicate low back pain rated at 5-7 out of 10. Provider documentation dated 9-30-09 noted the work status as "not working". Treatment has included acupuncture treatment, lumbar support brace since at least July of 2009, topical creams, Motrin since at least August of 2009, Flexeril since at least August of 2009, and Ultram since at least September of 2009. Objective findings dated 3-2-10 were notable for decreased cervical range of motion, lumbar spine with "moderate frequent pain and palpable tenderness. Range of motion limited in all planes." left hand-wrist with "moderate pain and palpable tenderness". The original utilization review (10-7-14) denied a request for Chiropractic treatment; two times a week for six weeks and a lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment; two times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the MTUS, manual therapy and manipulation for the low back is recommended as an option with a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective or maintenance care is not recommended. For Recurrences/flare-ups, treatment success should be re-evaluated and, if RTW achieved then 1-2 visits every 4-6 months may be appropriate. This worker is in the chronic phase of pain and there is no documentation of benefit with previous chiropractic treatment.

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar supports.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: According to the MTUS there is no evidence for the effectiveness of lumbar supports in preventing back pain. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of back pain. This worker is in the chronic phase of back pain and there is no indication from the record of an acute flare up. A back brace at this phase is not medically necessary and would not be expected to be beneficial.