

Case Number:	CM15-0019254		
Date Assigned:	02/09/2015	Date of Injury:	09/02/2014
Decision Date:	04/03/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/02/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old female who reported an injury on 09/02/2014. The mechanism of injury involved a fall. The injured worker is currently diagnosed with lumbago, pain in a limb, contusion of the right knee, cervical sprain, thoracic sprain, low back sprain and headache. The injured worker presented on 02/16/2015 for chiropractic treatment. It was noted that the injured worker had begun chiropractic treatment on 09/09/2014 and was approved for additional treatment. Upon examination, there was an antalgic gait, muscle tension, tenderness to palpation, and decreased range of motion of the cervical and lumbar spine. Recommendations at that time included 4 additional treatments of chiropractic therapy. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 sessions of Chiropractic Therapy for low back and right arm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain, if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. According to the documentation provided, the injured worker has participated in chiropractic treatment. There is no documentation of significant functional improvement. Additional treatment would not be supported in this case. Additionally, there was no physical examination of the right arm submitted for review. The medical necessity for chiropractic therapy for the right arm has not been established. Given the above, the request is not medically appropriate.

TENS Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: California MTUS Guidelines do not recommended transcutaneous electrical therapy as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. In this case, the injured worker was actively participating in chiropractic therapy. There was no evidence that other appropriate pain modalities had been tried and failed, including medication. There was also no documentation of a successful 1 month trial prior to the request for a unit purchase. Given the above, the request is not medically appropriate.