MAXIMUS Federal Services

Case Number:	CM15-0022915		
Date Assigned:	02/12/2015	Date of Injury:	07/05/2009
Decision Date:	03/27/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/06/2015

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
Certification(s)/Specialty: Emergency Medicine

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 59 year old male, who sustained an industrial injury on July 5, 2009. The injured worker has reported left low back pain. The diagnoses have included lumbar spine subluxation,paralumbar muscle spasms, lumbar disc degeneration and lumbosacral disc degeneration. Treatment to date has included pain medication, rest, MRI of the lumbar spine, chiropractic treatment and home cryotherapy. The chiropractic treatments were noted to be effective for the injured worker. The MRI of the lumbar spine performed January 7, 2015 revealed multiple disc protrusions. Current documentation dated January 7, 2015 notes that the injured worker complained of low back pain rated at a four out of ten on the Visual Analogue Scale. The pain was described as deep, sharp and radiating. Physical examination of the lumbar spine revealed a decreased range of motion and moderate hypertonicity in the left lumbar area. Straight leg raise was positive. Ely's sign was positive on the left. Spasms were noted along the left paraspinal muscles. On January 20 2015 Utilization Review modified a request for vertebral manipulation 2-3 visits in 10 days and ultrasound/rapid release 2-3 visits in 10 days. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On February 6, 2015, the injured worker submitted an application for IMR for vertebral manipulation 2-3 visits in 10 days and ultrasound/rapid release 2-3 visits in 10 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vertebral Manipulation 2-3 Visits in 10 Days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy andManipulation, Pages 58-60 Page(s).

Decision rationale: The requested Vertebral Manipulation 2-3 Visits in 10 Days , is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-60, recommend continued chiropractic therapy with documented derived functional improvement. The injured worker has low back pain rated at a four out of ten on the Visual Analogue Scale. The pain was described as deep, sharp and radiating. Physical examination of the lumbar spine revealed a decreased range of motion and moderate hypertonicity in the left lumbar area. Straight leg raise was positive. Ely's sign was positive on the left. Spasms were noted along the left paraspinal muscles. The treating physician has not documented objective evidence of derived functional benefit from completed chiropractic sessions, such as improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence. The criteria noted above not having been met, Vertebral Manipulation 2-3 Visits in 10 Days is not medically necessary.

Ultrasound and Rapid Release 2-3 Visits in 10 Days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines P 123, Ultrasound, therapeutic Page(s): 123.

Decision rationale: The requested Ultrasound and Rapid Release 2-3 Visits in 10 Days , is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, July 18, 2009 P 123, Ultrasound, therapeutic note that this modality is not recommended as a standa lone therapeutic intervention The injured worker has low back pain rated at a four out of ten on the Visual Analogue Scale. The pain was described as deep, sharp and radiating. Physical examination of the lumbar spine revealed a decreased range of motion and moderate hypertonicity in the left lumbar area. Straight leg raise was positive. Ely's sign was positive on the left. Spasms were noted along the left paraspinal muscles. The treating physician has not documented the medical necessity of this treatment as an outlier to referenced negative guideline recommendations, nor functional improvement from any previous treatment. The criteria noted above not having been met, Ultrasound and Rapid Release 2-3 Visits in 10 Days is not medically necessary.