

Case Number:	CM15-0030051		
Date Assigned:	02/23/2015	Date of Injury:	04/04/2000
Decision Date:	04/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/18/2015

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: Chiropractor

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 68-year-old male who sustained an industrial injury on 04/04/2000. Current diagnoses include lumbar disc with myelopathy, myofascitis, sacroiliac sprain/strain, right knee meniscus tear. Previous treatments included medication management and chiropractic therapy. Report dated 01/05/2015 noted that the injured worker presented with complaints that included bilateral low back pain with numbness and right knee pain. Pain level was rated as 5 out of 10 in the bilateral low back and 1 out of 10 in the right knee on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 01/30/2015 non-certified a prescription for CMT 3-4 areas, myofascial release, electronic muscle stimulation (EMS) 2 x a month for 3 months for the back, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMT 3-4 areas, myofascial release, EMS 2 x a month for 3 months for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation, massage therapy, TENS for chronic pain Page(s): 58, 60, 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care Not medically necessary. Recurrences/flare-ups Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Massage therapy. Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases Page(s): 58-59-60.

Decision rationale: The claimant presented with persistent low back pain. Reviewed of the available medical records showed he has had 20 chiropractic treatments to date, with every chiropractic manipulation would help with his pain for about 1-2 weeks. The current request is for 2 visits a month for 3 months. In this case, there is no long term functional benefits with ongoing chiropractic manipulation. Also, maintenance care is not recommended by MTUS guidelines. Therefore, the request for chiropractic, massage, and EMS is not medically necessary.