

Case Number:	CM14-0122694		
Date Assigned:	08/08/2014	Date of Injury:	04/25/2014
Decision Date:	10/16/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/04/2014

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 Board Certified in Physical medicine and Rehabilitation and is licensed to practice in Nevada. 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 49-year-old who was reportedly injured on April 25, 2014. The most recent progress note dated July 18, 2014, indicates that there were ongoing complaints of low back pain. The physical examination demonstrated no change relative to lumbar spine and a slight increase in thoracic range of motion. Straight leg raising is noted to be 80. Diagnostic imaging studies were not presented. Previous treatment includes chiropractic care. A request was made for chiropractic care and was not certified in the pre-authorization process on July 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 154, Chronic Pain Treatment Guidelines Page(s): 58/127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The MTUS supports use of manual therapies and pain and low back pain. However, after several visits there has to be objectified clinical improvement the continued. It is

noted that a number of sessions have been completed with marginal, if any gains. Therefore, the request for office visits (unspecified quantity) is not medically necessary or appropriate.

Chiropractic manipulation (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 154,Chronic Pain Treatment Guidelines Page(s): 58/127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The MTUS supports use of manual therapies and pain and low back pain. However, after several visits there has to be objectified clinical improvement the continued. It is noted that a number of sessions have been completed with marginal, if any gains. Therefore, the request for chiropractic manipulation (unspecified quantity) is not medically necessary or appropriate.

Therapeutic Exercises (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 154,Chronic Pain Treatment Guidelines Page(s): 58/127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The MTUS supports use of manual therapies and pain and low back pain. However, after several visits there has to be objectified clinical improvement the continued. It is noted that a number of sessions have been completed with marginal, if any gains. Therefore, the request for therapeutic exercises (unspecified quantity) is not medically necessary or appropriate.

Manuel therapy techniques (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 154,Chronic Pain Treatment Guidelines Page(s): 58/127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The MTUS supports use of manual therapies and pain and low back pain. However, after several visits there has to be objectified clinical improvement the continued. It is noted that a number of sessions have been completed with marginal, if any gains. Therefore, the request for manual therapy techniques (unspecified quantity) is not medically necessary or appropriate.

traction (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 154,Chronic Pain Treatment Guidelines Page(s): 58/127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The MTUS supports use of manual therapies and pain and low back pain. However, after several visits there has to be objectified clinical improvement the continued. It is noted that a number of sessions have been completed with marginal, if any gains. Therefore, the request for traction (unspecified quantity) is not medically necessary or appropriate.