

Case Number:	CM14-0126596		
Date Assigned:	09/05/2014	Date of Injury:	03/15/2005
Decision Date:	12/26/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 71-year-old male with a 1/15/05 date of injury. At the time (7/1/14) of request for authorization for Chiropractic - additional treatment with cold laser treatment, three (3) times a week for six (6) weeks, eighteen (18) sessions, there is documentation of subjective (back pain) and objective (decreased thoracic range of motion and tenderness over the thoracic area) findings, current diagnoses (neuropathic pain), and treatment to date (medications and previous chiropractic treatment with cold laser).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic - additional treatment with cold laser treatment, three (3) time a week for six (6) weeks, eighteen (18) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT); Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Low-Level Laser Therapy (LLLT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Level Laser Therapy AND Manual Therapy & manipulation Page(s): 57-58. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: Specifically regarding chiropractic therapy, MTUS Chronic Pain Medical Treatment Guidelines identifies that manual therapy/manipulation is recommended for chronic pain if caused by musculoskeletal conditions, and that 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. MTUS additionally supports a total of up to 18 visits over 6-8 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Specifically regarding cold laser, MTUS Chronic Pain Medical Treatment Guidelines identifies that low level laser therapy is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Chiropractic - additional treatment with cold laser treatment, three (3) times a week for six (6) weeks, eighteen (18) sessions is not medically necessary.