

Case Number:	CM14-0159591		
Date Assigned:	10/03/2014	Date of Injury:	12/05/2011
Decision Date:	10/29/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 Preventive Medicine 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 59-year-old female with a 12/5/11 date of injury. At the time (9/23/14) of the Decision for Chiropractic treatment in house x 12 visits and Class IV laser treatment in house x6-10 treatments for the low back. There is documentation of subjective low back pain radiating to front of legs and objective blood pressure of 124/70, pulse rate of 74, and body mass index of 32.0. The current diagnosis includes lumbar radiculopathy, herniated lumbar disc, myofascial syndrome, and neuropathic pain. The treatment to date includes medications, physical therapy, epidural steroid injection, and 6 previous chiropractic treatments. Medical report identifies that previous chiropractic treatments provided 30-40% pain relief. Regarding chiropractic therapy, there is no documentation 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 as a result of chiropractic therapy treatments to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment in house x 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 56. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation, Page(s): 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: The 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. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, herniated lumbar disc, myofascial syndrome, and neuropathic pain. In addition, there is documentation of 6 previous chiropractic treatments. However, despite documentation that previous chiropractic treatments provided 30-40% pain relief, there is no documentation 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 as a result of chiropractic therapy treatments to date. Therefore, based on guidelines and a review of the evidence, the request for Chiropractic treatment in house x 12 visits is not medically necessary.

Class IV laser treatment in house x6-10 treatments for the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Current Edition (Web), Current Year, Pain Low - Level Laser Therapy (LLLT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Level Laser Therapy Page(s): 57.

Decision rationale: The 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 Class IV laser treatment in house x6-10 treatments for the low back is not medically necessary.