

Case Number:	CM15-0014625		
Date Assigned:	02/02/2015	Date of Injury:	08/06/2010
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/26/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male who reported an injury on 08/06/2010 due to an unspecified mechanism of injury. On 12/19/2014, he presented for an evaluation. It was noted that he had been authorized for 6 sessions of chiropractic therapy and was attending number 3 out of 6. He reported low back pain rated a 7/10 that was aggravated when he slipped at work a week prior to the visit. The physical examination of the lumbar spine revealed lumbar lordosis to be normal and diffuse 2+ palpable tenderness and hypertonicity to the paralumbar area and right quadratus lumborum muscles. Kemp's was unremarkable and straight leg raise revealed right 180 degrees and left 180 degrees. Subluxations to L4 through L5 and L5 through S1 and right SI joint were also noted. He was diagnosed with chronic low back pain with disc protrusions at the L4 through L5 and L5 through S1, right sciatica, and lumbar segmental dysfunction. The treatment plan was for additional chiropractic treatment for the lumbar spine 2 times 3 and an H-wave unit home rental. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatment, lumbar spine 2x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and manipulation Page(s): 58.

Decision rationale: The California MTUS Guidelines recommend chiropractic therapy for the low back with a trial of 6 visits over 2 weeks and, with evidence of functional improvement, 18 sessions over 6 to 8 weeks may be recommended. The documentation provided shows that the injured worker had initially been authorized for 6 sessions of chiropractic therapy. However, there was a lack of documentation showing that he has had a quantitative decrease in pain or an objective improvement in function with those sessions to support the request for additional sessions. Also, there is further clarification needed regarding whether or not he had completed his authorized sessions. Therefore, the request is not supported. As such, the request is not medically necessary.

H-wave unit home rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HWAVE Page(s): 117.

Decision rationale: The California MTUS Guidelines indicate that H-wave units are recommended as an adjunct treatment to conservative care with a functional restoration approach. A 30 day rental would be supported with documentation indicating its necessity. The documentation provided does indicate that the injured worker was attending chiropractic therapy. However, there is a lack of documentation showing that he has tried and failed all recommended conservative therapy options to support the request for an H-wave unit. Also, the duration the rental and the body part the H-wave unit was being requested for was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.