MAXIMUS Federal Services

Case Number:	CM15-0043519		
Date Assigned:	03/13/2015	Date of Injury:	08/23/1989
Decision Date:	04/22/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/06/2015

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 65 year old female who sustained a work related injury August 23, 1989. According to a primary treating physician's progress report dated February 2, 2015, the injured worked presented with complaints of moderately severe low back pain and hemorrhaging eye (not specified) from walking into a wall. Objective findings included positive; left and right Kemps, Patrick, Fabere, Hibb's, Yeoman's, and Ely's for increased lower back pain. There is tenderness to palpation noted L4-5. Diagnoses included lumbosacral sprain/strain and PVM (para vertebral muscles) hypertonicity. Treatment plan included request for (2) chiropractic treatments including manipulation, EMS, stretching, strengthening, exercise, ice as well as NSAIDS (non-steroidal anti-inflammatory drugs).

IMR ISSUES, DECISIONS AND RATIONALES

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

Two Chiropractic Manipulation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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 Page(s): 58-59.

Decision rationale: The claimant presented with recent flare-up on 02/02/2015 of her chronic low back pain from walking into a wall. Reviewed of the available medical records showed previous chiropractic treatments helped with her flare-ups. She has 1 treatment on 12/29/2014 for her last flare-up. Based on the guidelines cited, prior chiropractic treatments helped with her flare-ups, the request for 2 chiropractic treatments for the current flare-up is medically necessary.

Two electrical muscle stimulation (EMS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Microcurrent electrical stimulation (MENS devices) Page(s): 120-121.

Decision rationale: The claimant presented with recent flare-up of her chronic low back pain. While evidence based MTUS guidelines might recommend 1-2 chiropractic treatments based on previous treatment success, electrical muscle stimulation is not recommended by the guidelines. Therefore, the request for two electrical muscle stimulation is not medically necessary.