

Case Number:	CM15-0075267		
Date Assigned:	04/27/2015	Date of Injury:	01/09/1993
Decision Date:	05/22/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/20/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 53 year old female, who sustained an industrial injury on 1/9/1993. She reported injury from lifting and transporting dogs. The injured worker was diagnosed as having chronic lumbar sprain, lumbosacral neuritis and lumbar subluxation. There is no record of a recent diagnostic study. Treatment to date has included home exercises and medication management. In a progress note dated 3/30/2015, the injured worker complains of intermittent low back pain. The treating physician is requesting 3 sessions of mechanical massage and 3 sessions of chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 sessions of mechanical massage: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: This 53 year old female has complained of chronic low back pain since date of injury 1/9/93. She has been treated with physical therapy and medications. The current request is for 3 sessions of mechanical massage. Per the ACOEM guidelines cited above, mechanical massage is not an indicated therapy for the treatment of low back complaints. On the basis of the available medical records and per the ACOEM guidelines cited above, the request for 3 sessions of mechanical massage is not indicated as medically necessary.

3 chiropractic treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: This 53 year old female has complained of chronic low back pain since date of injury 1/9/93. She has been treated with physical therapy and medications. The current request is for 3 chiropractic treatments. Per the ACOEM guidelines cited above, chiropractic treatments are not an indicated therapy for the treatment of low back complaints. On the basis of the available medical records and per the ACOEM guidelines cited above, the request for 3 chiropractic treatments is not indicated as medically necessary.