MAXIMUS Federal Services

Case Number:	CM15-0076069		
Date Assigned:	04/27/2015	Date of Injury:	09/26/2013
Decision Date:	06/09/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/21/2015

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: Family Practice

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 48-year-old female, who sustained an industrial injury on 9/26/13. The injured worker has complaints of low back pain with sciatica and right and left knee pain. The diagnoses have included lumbar spine strain/sprain. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine; X-rays; physical therapy; cold packs; ultrasound; electrical muscle stimulation; aquatic therapy; medications; chiropractic treatments and acupuncture. The request was for chiropractic therapy, twice weekly for 6 weeks, bilateral knees, low back, and interferential unit, body part(s) unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy, twice weekly for 6 weeks, bilateral knees and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: According to guidelines, chiropractic manipulation in the acute phases of injury manipulation may enhance patient mobilization. If manipulation does not bring improvement in three to four weeks, it should be stopped and the patient reevaluated. Based on medical records there is no documentation of improvement and thus is not medically necessary.

Interferrential unit, body part(s) unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimulation Page(s): 118-119.

Decision rationale: According to guidelines, it states interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. According to medical records, there is documentation that the patient's pain is being controlled on medications and thus ICS is not medically necessary.