

Case Number:	CM14-0154652		
Date Assigned:	09/24/2014	Date of Injury:	12/09/2003
Decision Date:	11/05/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/22/2014

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 Orthopedic Surgery, has a subspecialty in Sports Medicine and is licensed to practice in Alaska and Texas. 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:

The injured worker is a 62-year-old male who reported an injury on 12/09/2003. The mechanism of injury was not submitted for clinical review. The diagnoses included cervical spine strain, thoracic spine strain, lumbar spine strain, status post right ganglionectomy, bilateral carpal tunnel syndrome, plantar fasciitis, and ligamentous sprain of the left ankle. Previous treatments included medication and surgery. Within the clinical note dated 07/17/2014, it was reported the injured worker complained of frequent wrist pain in his bilateral right greater than left wrist. He rated his pain at 3/10 to 4/10 in severity. The injured worker complained of constant pain in his lower back, which he described as aching. He rated his pain 5/10 in severity. He complained of constant pain in his mid-back, which he described as a stabbing pain. He rated his pain 9/10 in severity. On the physical examination, the provider noted the injured worker had tenderness to palpation of the paraspinal musculature, range of motion was noted to be 30 degrees of flexion. The injured worker had a positive straight leg raise bilaterally. The provider requested chiropractic manipulative treatment twice a week for 6 weeks, and a lumbar spine LSO brace. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulative treatment; twice weekly for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58.

Decision rationale: The request for chiropractic manipulative treatment twice a week for 6 weeks is not medically necessary. The California MTUS Guidelines recommend that manual therapy for chronic pain, if caused by musculoskeletal conditions. The intended goal or effect of manual therapy 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. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of 18 visits over 6 to 8 weeks. The request submitted failed to provide the treatment site for the chiropractic session. There is a lack of documentation indicating the injured worker's previous course of therapy. Therefore, the request is not medically necessary.

Lumbar spine LSO brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The request for a lumbar spine LSO brace is not medically necessary. The California MTUS/ACOEM Guidelines note lumbar supports are not recommended for the treatment of low back disorder. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker's date of injury was in 2003, which exceeds the recommendations of the acute phase of therapy. Additionally, the guidelines do not recommend the use of a lumbar spine brace. Therefore, the request is not medically necessary.