

Case Number:	CM13-0002594		
Date Assigned:	12/27/2013	Date of Injury:	09/18/2001
Decision Date:	02/20/2014	UR Denial Date:	06/27/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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 patient is a 54-year-old male who reported an injury on 02/12/2008, and has a current diagnosis of chronic pain syndrome and lumbar sprain. The patient was seen on 05/18/2013 for complaints of low back pain rated as a 9/10. The objective complaints noted the patient ambulated with a walker, had low back pain with decreased painful range of motion, hypertonicity of the paraspinal region, and abdominal palpation was noted to be of normal tone. The patient was most recently seen on 07/11/2013 for complaints of low back pain rated as an 8/10, with Oswestry 68%. The patient had been taking oral medications to include Cymbalta 60 mg and Vicodin 5/500 mg, as well as baclofen cream. The patient was noted to have undergone acupuncture on this date as well, and reported pain has mildly improved, but reports noted increased weakness in the low back. The patient stated that he has difficulty opening doors and feels unstable without a walker. The patient notes that his walker wheels are wearing down, and has reduced internal integrity. On objective complaints, the patient's low back had decreased flexion of 10 degrees and was unable to extend. The patient was noted to ambulate with a 4-point wheeled walker, with an antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

four point walker: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable medical equipment (DME) and Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: According to Official Disability Guidelines, it states that durable medical equipment is defined as equipment which can withstand repeated use, for example, could normally be rented and used by successive patients; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. It further states that frames or wheeled walkers are preferable for patients with bilateral disease. In the case of this patient, the patient was noted to be utilizing a walker for ambulation; however, it was noted to be losing its internal integrity and the wheels were wearing down. Therefore, the requested four point walker would be supported to help improve the patient's ambulation and prevent falls. As such, the requested service is certified.

6 Sessions of acupuncture and myofascial massage for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: Under California MTUS Acupuncture Guidelines, it states that patients are allowed 3 to 6 treatments for a time to produce functional improvement, with a frequency of 1 to 3 times per week, and an optimum duration of 1 to 2 months. Acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In the case of this patient, there is a lack of current clinical documentation to include a comprehensive physical examination. Therefore, it is unclear as to the patient's current pathology and overall condition at this time. Furthermore, the documentation dated 01/11/2013 notes that the patient has already undergone acupuncture at least once. As there is no documentation to include objective measurements pertaining to that treatment session, the requested service for additional acupuncture cannot be established at this time. Under California MTUS, it states that massage therapy is recommended as an option to be used as an adjunct to other recommended treatments, for example exercise, and should be limited to 4 to 6 visits in most cases. Massage is a passive intervention, and treatment dependence should be avoided. This lack of long-term benefit could be due to the short treatment period or treatment such as these do not address the underlying causes of pain. A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. In the case of this patient; although he has been diagnosed as having chronic pain syndrome, without having a current comprehensive physical examination, the medical necessity for this treatment cannot be established. As such, the requested service is non-certified.

