

Case Number:	CM13-0011294		
Date Assigned:	10/16/2013	Date of Injury:	04/18/2013
Decision Date:	04/22/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/20/2013

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 Preventive Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 19-year-old female with a 4/18/13 date of injury. The request for authorization is for 30 days home trial of neurostimulator TENS-EMS, functional capacity evaluation, and chiropractic treatments for low back#12. There is documentation of subjective findings of low back pain and objective findings of tenderness along the lumbar paraspinal muscles and decreased lumbar range of motion. The current diagnosis is lumbar sprain/strain. The treatment to date is physical therapy and medications. In addition, 7/23/13 medical report identifies a plan to start initial chiropractic therapy. Regarding the requested functional capacity evaluation, there is no documentation indicating case management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job or injuries that require detailed exploration of a worker's abilities and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified).

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAYS HOME TRIAL OF NEUROSTIMULATOR TENS-EMS.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) and Interferential Current Stimulation (ICS).

Decision rationale: The California MTUS reference to ACOEM identifies that physical modalities, such as transcutaneous electrical neurostimulation (TENS) units, have no scientifically proven efficacy in treating acute low back symptoms. The California MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation (ICS), microcurrent electrical stimulation (MENS devices), and neuromuscular electrical stimulation (NMES devices) are not recommended. Therefore, based on guidelines and a review of the evidence, the request for 30 days home trial of neurostimulator TENS-EMS is not medically necessary

FUNCTIONAL CAPACITY EVALUATION.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, OCCUPATIONAL MEDICAL PRACTICE GUIDELINES, 48-49, 181-185

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pages 137-138 and the Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: The California MTUS reference to ACOEM guidelines identifies that functional capacity evaluations (FCE) may establish physical abilities and also facilitate the examinee/employer relationship for return to work. ODG identifies documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified), as criteria necessary to support the medical necessity of a functional capacity evaluation. Within the medical information available for review, there is documentation of a diagnosis of lumbar sprain/strain. However, there is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified). Therefore, based on guidelines and a review of the evidence, the request for functional capacity evaluation is not medically necessary.

CHIROPRACTIC TREATMENTS FOR LOW BACK#12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual Therapy & manipulation, Page(s): 58.

Decision rationale: The California MTUS reference to ACOEM identifies documentation of objective functional deficits and functional goals as criteria necessary to support the medical necessity of chiropractic treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a trial of 6 visits, with evidence of objective functional improvement, total of up to 18 visits. Within the medical information available for review, there is documentation of a diagnosis of lumbar sprain/strain and a plan identifying start initial chiropractic therapy. In addition, given documentation of subjective (low back pain) and objective (tenderness along the lumbar paraspinal muscles and decreased lumbar range of motion) findings, there is documentation of objective functional deficits and functional goals. However, the proposed number of sessions exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for chiropractic treatments for low back #12 is not medically necessary.