

Case Number:	CM13-0028371		
Date Assigned:	11/27/2013	Date of Injury:	08/14/2012
Decision Date:	03/18/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 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.

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 42-year-old female who reported an injury on 08/20/2012. The patient is currently diagnosed with lumbar discogenic disease, annular tear at L4-5 and L5-S1, and right hip sprain/strain. The patient was seen by [REDACTED] on 09/03/2013. The patient reported right knee, right hip, and low back pain. Physical examination revealed positive straight leg raising, positive Lasãgue's testing, normal deep tendon reflexes, and mild tenderness to palpation over the lumbar facet joints bilaterally. Treatment recommendations included 2 trigger point injections in the lumbar spine, reinitiation of chiropractic treatment for the lower back and right hip, TENS unit for home therapy, and a lumbar corset for trunk stabilization.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines state manual therapy and manipulations is recommended for chronic pain if caused by musculoskeletal conditions. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. As per the documentation submitted, the patient has previously completed a course of chiropractic therapy.

Despite ongoing treatment, the patient continued to report high levels of pain. Satisfactory response to chiropractic therapy was not indicated. Therefore, continuation of treatment cannot be determined as medically appropriate. Additionally, the request for 12 sessions of chiropractic therapy exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

TENS unit:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option. There is no documentation that other appropriate pain modalities have been tried, including medication, and failed. There is also no evidence of a successful 1 month trial period of a TENS unit. Additionally, there was no treatment plan including the specific short and long-term goals of treatment with the TENS unit provided. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

lumbar corset: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar Supports.

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. As per the documentation submitted, the patient's physical examination on the requesting date only indicated positive straight leg raising and Lasègue's testing with mild tenderness to palpation. There was no documentation of significant musculoskeletal or neurological deficit. There was no indication of severe spinal instability. The medical necessity for the requested durable medical equipment has not been established. As such, the request is non-certified