

Case Number:	CM13-0030060		
Date Assigned:	11/27/2013	Date of Injury:	03/04/2013
Decision Date:	01/16/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/27/2013

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, has a subspecialty in interventional spinal 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 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 61-year-old with a date of injury on 3/4/13. The progress report dated 8/26/13 by [REDACTED] noted that the patient continued with neck pain and low back pain with decreased frequency of radicular complaints that were occurring once a week (was constant before treatment). The patient's diagnoses include: neck sprain/strain; lumbar sprain/strain; thoracic or lumbosacral neuritis or radiculitis. A request was made for an additional 6 chiropractic treatments in addition to the 12-18 treatments already rendered, which the patient reported as beneficial. Additionally, a lumbar MRI was requested and the purchase of an OrthoStim 4/EMS for home use

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, once per week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Section Page(s): 58.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends a total of up to 18 visits with evidence of objective functional improvement. While it is unclear from the available reports exactly how many treatments this patient has received (12-18), the treater does

not define what functional improvements have been attained, such as clinically significant improvement in ADL's (activities of daily living), a reduction in work restrictions, or a reduction in the dependency on continued medical treatment, as defined by LC 9797.20(e). Therefore, the requested 6 chiropractic visits either exceeds the total number recommended, if 18 have been rendered, or that recommended without demonstrating functional improvement, if 12 have been rendered, according to the Chronic Pain Medical Treatment Guidelines. The request for chiropractic treatment, once per week, for six weeks, is not medically necessary or appropriate.

OrthoStim 4/EMS: 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 Neuromuscular Electrical Stimulation (NEMS) Section Page(s): 121.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that NEMS devices are not recommended. The request for OrthoStim 4/EMS is not medically necessary or appropriate.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines states "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study". This patient does not present with "unequivocal objective findings," including neurologic changes or positive root tension signs with specific radicular symptoms. The request for MRI of the lumbar spine is not medically necessary or appropriate.