

Case Number:	CM13-0038777		
Date Assigned:	12/18/2013	Date of Injury:	09/24/2010
Decision Date:	04/03/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/02/2013

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 Occupational 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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 24, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; a multimodality transcutaneous electric therapy device; and extensive periods of time off of work. In a utilization review report of September 11, 2013, the claims administrator partially certified a request for eight sessions of manipulative therapy as six sessions of manipulative therapy, certified prescriptions for Norco and Voltaren, and denied a request for broken multimodality transcutaneous electrotherapy unit. The applicant's attorney subsequently appealed. In a progress note of November 12, 2012, it is acknowledged that the applicant was off of work, on total temporary disability. A March 8, 2013 progress note, however, states that the applicant remains on Norco and Naprosyn. It is stated that the applicant has returned to work, on paper, although it is not clear whether the applicant is in fact working or not. An August 23, 2013 note is notable for comments that the applicant is a custodian. The applicant has apparently resumed working at this point. The applicant states that his transcutaneous electrotherapy device is broken. He requests refills of medications, including Norco and Voltaren. He is asked to return to work in self modified activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY QTY:8: Upheld

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

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

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, one to two visits of manipulative therapy are recommended every four to six months for flare ups of chronic low back pain in applicants who achieve and/or maintain successful return to work. In this case, the employee has in fact achieved or maintained successful return to work. While a lesser amount of manipulation on the order of the one to two sessions suggested on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines could have been supported here, the eight-session course of treatment proposed by the attending provider cannot as it does represent treatment well in excess of the guideline. Therefore, the request is not certified, on, independent medical review.

REPLACEMENT OF BROKEN ORTHO STIMULATION UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices), Page(s): 117-.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices), Page(s): 117-121.

Decision rationale: The OrthoStim device is a multimodality transcutaneous electrotherapy device, which is an amalgam of high voltage galvanic stimulation, neuromuscular stimulation, interferential stimulation, and pulsed current stimulation. However, several modalities in the device carry unfavorable recommendations. Specifically, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular stimulation is not recommended outside of the post-stroke rehabilitative context, while page 117 of the MTUS Chronic Pain Medical Treatment Guidelines indicates that galvanic stimulation is "not recommended" and considered investigational for all indications. Since multiple modalities in the device carry unfavorable recommendations, the entire device is considered not recommended and is not certified, on independent medical review.