

Case Number:	CM13-0041868		
Date Assigned:	12/20/2013	Date of Injury:	08/01/2000
Decision Date:	05/15/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/15/2013

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 Physical Medicine & 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 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:

The patient is a 59-year-old male who reported an injury on 08/01/2000. The mechanism of injury was not submitted. The patient was diagnosed with chronic back pain, multilevel disc disease, muscle spasm, pain-related insomnia and hepatitis C (nonindustrial, significantly improved). The patient complained of low back pain. The patient rated his pain at 5/10. The pain was aggravated by standing upright and improved with lying down and getting into the pool. Current medications include Avinza, Vicoprofen, Protonix, Ambien, Effexor XR and lisinopril. The physical examination revealed palpable muscle spasms in the paravertebral muscles, just lateral to the L5 spinous process on the left. There was tenderness to palpation in that area. Range of motion was slightly restricted with the lumbar spine. Muscle strength was 5/5. The patient was recommended for a continuation of medication and a cortical stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 6-8 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98.

Decision rationale: The CA MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. The guidelines recommend physical therapy for neuralgia, neuritis and radiculitis at 8 to 10 visits over 8 weeks. The patient complained of low back pain; however, given the date of the injury, it is unclear whether the patient has participated in previous physical therapy. No objective clinical documentation from previous physical therapy visits was submitted for review indicating continued functional deficits. Given the lack of documentation to support the guideline criteria, the request is non-certified.

EVALUATION FOR CORTICAL STIMULATOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.MEDSCAPE.COM/VIEWARTICLE/554867](http://www.medscape.com/viewarticle/554867).

Decision rationale: Neither CA MTUS/ACOEM nor the ODG address the request. Research information states a cortical stimulator is used to revive neural activity in the nervous system of critical patients by delivering an electric shock to induce brain activity. It was almost always attached to the temples or foreheads. The patient complained of low back pain. However, the documentation submitted for review does not supply adequate enough information to support the medical necessity of a cortical stimulator. Given the lack of documentation to support guideline criteria, the request is non-certified.