

Case Number:	CM13-0045568		
Date Assigned:	02/24/2014	Date of Injury:	04/25/2011
Decision Date:	03/28/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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. 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 33-year-old female with a 4/25/11 date of injury. At the time of request for authorization for six (6) sessions of outpatient LINT physical therapy to the lumbar and twelve (12) sessions of outpatient lumbar spinal decompression therapy, there is documentation of subjective (neck pain, low back pain, and left wrist pain) and objective (tenderness to palpation in the paracervical and suboccipital regions, tenderness to palpation in the left elbow, wrist and hand, and tenderness to palpation in the bilateral lumbosacral regions) findings, current diagnoses (cervical spasm, cervical radiculopathy, cervical sprain/strain, lumbar sprain and radiculopathy, left carpal tunnel syndrome, and left wrist sprain), and treatment to date (chiropractic care, passive modality therapy, and chiropractic decompressive therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Outpatient LINT Physical Therapy to the Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Neuromuscular Electrical Stimulation (NMES devices) Page(s): 121.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that localized intense neurostimulation therapy (LINT) is not recommended. Therefore, based on guidelines and a review of the evidence, the request for six (6) sessions of outpatient LINT physical therapy to the lumbar is not medically necessary.

12 sessions of Outpatient Lumbar Spinal Decompression Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: MTUS reference to Low Back Complaints ACOEM Practice Guidelines states traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. Therefore, based on guidelines and a review of the evidence, the request for twelve (12) sessions of outpatient lumbar spinal decompression therapy is not medically necessary.