MAXIMUS Federal Services

Case Number:	CM13-0045666		
Date Assigned:	12/27/2013	Date of Injury:	02/25/2013
Decision Date:	03/07/2014	UR Denial Date:	10/30/2013
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 & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 45 year old male who reported lumbosacral pain after lifting up a box from the floor to place on a pallet on 02/25/2013. His symptoms included low back pain, pain in the gluteal area and severe incontinence. Thus far, he has been treated with medications, physical therapy, chiropractic treatments and epidural injections which helped to decrease the pain by 50% which provided relief for one week. He was placed on total temporary disability by his chiropractor on 07/02/2013. Lumbar CT dated 04/18/2013 showed straightening of the lumbar spine lordosis with disc protrusions at the mid to lower lumbar spine (L5-S1). During the previous office visits, it was noted he had tenderness, spasms, guarding and decreased range of motion. His reflexes, DTR's and sensation were within normal limits. His physician prescribed chiropractic treatment to the lumbar spine 3 times per week for 4 weeks (totaling 12 visits) as well as an ortho stimulator for 2 months rental and supplies in an attempt to avoid further invasive treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment of Lumbar Spine 3 times a week for 4 weeks: 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 Chronic Pain Medical Treatment Guidelines Page(s): 58-59.

Decision rationale: According to the MTUS Chronic Pain Guidelines, manual therapy and manipulation (chiropractic treatment) is a therapeutic option for the low back that is recommended as a trial of 6 visits over 2 weeks. Additional chiropractic treatment recommendations by the MTUS Chronic Pain Guidelines are contingent on a re-evaluation of treatment success and whether the injured worker has returned to work. In this individual, the patient had already received his initial treatment and there is no documentation of his return to work, allowing for recurrence visits. The request is not medically necessary and appropriate

Ortho stimulator for 2 month rental and supplies: 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 Chronic Pain Medical Treatment Guidelines, section on TENS Page(s): 114.

Decision rationale: According to the MTUS Chronic Pain Guidelines, the TENS is not recommended as a primary treatment modality, but a one month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence - based functional restoration. The physician's request for a 2 month rental is outside of the MTUS Chronic Pain Guidelines' recommendations. The request is not medically necessary and appropriate.