

Case Number:	CM13-0050495		
Date Assigned:	12/27/2013	Date of Injury:	01/11/2008
Decision Date:	03/07/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/13/2013

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 Spine, 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 patient is a 60 year-old female who was injured on 1/11/08; she was in a chair bending over to pick up a pen and the chair slipped, causing her to fall. She declined surgery, and is being managed by [REDACTED], a chiropractor.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a cane: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: According to the 10/14/13 report from [REDACTED], the patient presents with chronic back pain, and gait derangement. The Official Disability Guidelines support the use of a cane for knee problems or functional mobility deficits. The use of a cane for balance issues, or for taking the load off the affected lower extremity appears appropriate and in accordance with ODG guidelines. The request is certified.

The request for a core lumbar spine brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308.

Decision rationale: According to the 10/14/13 report from [REDACTED], the patient presents with chronic back pain, and gait derangement. The MTUS/ACOEM guidelines state that lumbar supports do not have a benefit beyond the acute phase of injury. The patient is not in the acute phase of care; therefore, the use of a lumbar support for the chronic phase of care is not in accordance with MTUS/ACOEM chapter guidelines. The request is not certified.

The request for an EMS unit for home care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This is an incomplete prescription for EMS. There is no description of what type of EMS device is being requested, or what the duration and frequency would be. It is not known if this is a rental or purchase. Without the description of the type of EMS device, duration and frequency, it cannot be compared to the recommended types of EMS devices or duration and frequency provided in MTUS. The request is not certified.

The request for a lumbar spine exercise kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: The patient presents with low back pain. The request is for a lumbar exercise kit for home use, but there is no description of what the exercise kit comprises. The MTUS Chronic Pain Medical Treatment Guidelines recommend exercise, but states that there is insufficient evidence to support one form of regimen over another. The MTUS does not appear to recommend exercise with an unknown exercise kit over any other type of exercise. The request is not in accordance with MTUS guidelines. The request is not certified.

The request for the purchase of a TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: The MTUS states that before a TENS unit may be employed there should be evidence that other pain modalities have been tried and have failed. Then, a one-month trial period of TENS use should be documented, with special regard to functional improvement. There is no documentation that the patient has failed pain modalities or medications, and there is discussion on the 1-month trial. The request is not in accordance with MTUS guidelines, and is not certified.

The request for a Thermophore moist heat: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The MTUS/ACOEM guidelines recommend passive therapies, including heat, for the acute or subacute phase of treatment. In the chronic phase, the MTUS recommends active care over passive care. This patient is in the chronic phase of treatment; therefore, use of the passive heating/ is not in accordance with MTUS guidelines. The request is not certified.

The request for a multidisciplinary evaluation/screening for a functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

Decision rationale: The MTUS provides criteria for consideration of a functional restoration program. Such a program can be considered when all of the following are true for the patient at hand: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted; (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments; and (6) Negative predictors of success above have been addressed. The physician discusses item four, but does not discuss the rest of the criteria. Since the MTUS states all criteria must be met, the request is not in accordance with guidelines and is not certified.