

Case Number:	CM13-0054755		
Date Assigned:	12/30/2013	Date of Injury:	01/13/2013
Decision Date:	06/04/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/20/2013

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 Texap. 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 reported a date of injury of 01/13/2013. The patient was rolling a heavy patient to reposition him and strained her mid upper back. Evaluation dated 04/04/13 indicates that the patient's condition was found to have attained maximum medical improvement on 04/03/13. The patient's condition is considered permanent and stationary. The patient was provided 5% whole person impairment. Treatment to date includes physical therapy, activity modification and medication management. Lumbar MRI dated 08/28/13 revealed mild multilevel degenerative disc disease; no evidence of central stenosis or significant foraminal stenosis. Note dated 10/25/13 indicates that the patient is borrowing a FSM unit for pain relief. The patient reports that this has been helpful in reducing her pain and medication intake. Note dated 12/11/13 indicates that the patient completed 6 acupuncture sessions and this was very helpful. She continues to be on modified duty. On physical examination there is full range of motion of the bilateral upper and lower extremities. The patient is intact to sensation in the bilateral lower extremities. Deep tendon reflexes are equal and symmetric. There is limited range of motion of the spine. Diagnosis is thoracolumbar strain with resultant myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

FSM UNIT FOR RENTAL OR PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Page(s): 114-116.

Decision rationale: Based on the clinical information provided, the request for FSM unit for rental or purchase is not recommended as medically necessary. The patient sustained a thoracolumbar strain over one year ago. The patient has previously been determined to have reached maximum medical improvement and her condition is considered permanent and stationary. There are no specific, time-limited treatment goals provided. The patient's lumbar MRI is largely unremarkable. The patient should be encouraged to perform an independent, self-directed home exercise program. Therefore, the request for FSM unit for rental or purchase is not medically necessary and appropriate.