

Case Number:	CM13-0059250		
Date Assigned:	12/30/2013	Date of Injury:	04/27/2013
Decision Date:	05/06/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/01/2013

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 licensed in Chiropractic and is licensed to practice in Texas. 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 injured worker is a 53-year-old male who reported an injury on 04/26/2013. The mechanism of injury was not provided. Current diagnosis is lumbar spondylosis. The injured worker was evaluated on 11/13/2013. The injured worker reported persistent lower back pain. The injured worker reported improvement with chiropractic therapy as well as TENS therapy. Physical examination revealed guarded range of motion and negative straight leg raising with intact motor examination in bilateral lower extremities. Treatment recommendations included 6 additional chiropractic sessions as well as authorization for a home TENS/H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 CHIROPRACTIC TREATMENT SESSIONS: 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 Page(s): 58.

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended if caused by a musculoskeletal condition. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. As per the

documentation submitted, the injured worker has participated in an extensive amount of chiropractic therapy to date. However, there was no documentation of the previous course of chiropractic treatment. Without evidence of objective functional improvement, ongoing treatment cannot be determined as medically appropriate. Therefore, the request is non-certified.

1 HOME TENS/H-WAVE UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures (f) Definitions, H-Wave Stimulatio.

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

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a noninvasive conservative option. As per the documentation submitted, there is no evidence of a failure to respond to other appropriate pain modalities. It is also noted that the injured worker has utilized a home TENS unit in the past. However, there was no documentation of how often the unit was used as well as outcomes in terms of pain relief and function. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.