

Case Number:	CM14-0010897		
Date Assigned:	02/21/2014	Date of Injury:	10/13/2013
Decision Date:	06/25/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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 Orthopedic Surgery, 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 51-year-old female whose date of injury is October 13, 2013. The mechanism of injury is described as moving a heavy box of coins. The injured worker complained of low back pain. Diagnosis is lumbar sprain/strain and right hip strain. Report dated November 27, 2013 indicates that treatment to date includes 4 chiropractic sessions and 3 Toradol injections. On physical examination lumbar range of motion is significantly limited. Motor and sensory exams are intact, and deep tendon reflexes are 2+ throughout. Lumbar MRI dated December 9, 2013 revealed a 3-4 mm circumferential disc bulge at L3-4 with moderate bilateral neural foraminal narrowing. There is moderate central canal stenosis. At L4-5 there is a 3 mm circumferential disc bulge with moderate to severe bilateral neural foraminal narrowing and severe central canal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAX IF UNIT FOR PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, INTERFERENTIAL CURRENT STIMULATION (ICS),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION (ICS) Page(s): 118-120.

Decision rationale: There is no indication that the injured worker has undergone a successful trial of the unit to establish efficacy of treatment as required by Chronic Pain Medical Treatment Guidelines. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The submitted records indicate that treatment to date consists of four chiropractic visits. The request for a max IF unit for purchase is not medically necessary or appropriate.

CANE FOR PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE AND LEG CHAPTER, WALKING AIDS (CANES, CRUTCHES, BRACES, ORTHOSES & WALKERS)

Decision rationale: The injured worker sustained a lumbar sprain/strain and there is no clear rationale provided to support the requested cane at this time. There is no current, detailed physical examination submitted for review. The request for a cane for purchase is not medically necessary or appropriate.