

Case Number:	CM14-0110325		
Date Assigned:	08/01/2014	Date of Injury:	12/17/2007
Decision Date:	09/22/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/15/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 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:

According to the records made available for review, this is a 66-year-old male with a 12/17/07 date of injury. At the time (6/2/14) of request for authorization for electrical stimulation for the lumbar spine- 8 visits. There is documentation of subjective (persisting low back pain radiating to the legs bilaterally) and objective (restricted lumbar range of motion, lumbar paraspinal muscle hypertonicity, and positive Kemp's and Yeoman tests) findings, current diagnoses (chronic lumbar sprain/strain and lumbar disc displacement with left radiculitis), and treatment to date (at least 6 sessions of chiropractic therapy; acupuncture therapy, and medications). In addition, medical report identifies a request for 8 sessions of chiropractic therapy to include electrical stimulation of the lumbar spine. There is no documentation of positive symptomatic or objective measurable gains in functional improvement with previous treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of chiropractic therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrical stimulation for the lumbar spine- 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that manual therapy/manipulation is recommended for chronic pain if caused by musculoskeletal conditions, and that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. MTUS additionally supports a total of up to 18 visits over 6-8 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic lumbar sprain/strain and lumbar disc displacement with left radiculitis. In addition, there is documentation of at least 6 previous chiropractic treatments with a request for 8 additional sessions of chiropractic therapy to include electrical stimulation of the lumbar spine. However, there is no documentation of positive symptomatic or objective measurable gains in functional improvement with previous treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of chiropractic therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for electrical stimulation for the lumbar spine- 8 visits is not medically necessary.