MAXIMUS Federal Services

Case Number:	CM14-0121155		
Date Assigned:	08/06/2014	Date of Injury:	01/13/2003
Decision Date:	09/16/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/31/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 57-year-old individual was reportedly injured on 1/13/2003. The mechanism of injury is not listed the most recent progress note, dated 6/11/2014. Indicates that there are ongoing complaints of chronic back pain that radiates down the left lower extremity. The physical examination demonstrated lumbar spine: loss of normal lordosis with straightening of the lumbar spine. Range of motion is limited pain. Positive tenderness to palpation paravertebral muscles, hypertonicity, spasm, and tight muscle bands are noted on the left side. Spinous processes are tender on L5 and over surgical scar. Lumbar facet loading is positive on the left. Ankle jerk at bilaterally, patellar jerk a 2/4 on the right and on the left. Tenderness over the sacroiliac spine and left lumbar paraspinals. Muscle strength diminished on the left. Light touch sensation is patchy distribution. Straight leg raise test is positive on the left. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, injections, physical therapy, tens unit, and medications. A request had been made for #12 chiropractic treatments, Tempurpedic Mattress, and was not certified in the pre-authorization process on 7/1/2014

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation treatments, for low back pain, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipilation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The CA MTUS guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to #18 visits over 16 weeks is supported. After review of the available medical records, there is no clinical documentation or baseline level of function. In addition, # 12 visits request exceeds the maximum visits are allowed by treatment guidelines. As such, this request is not considered medically necessary.

Purchase of a Therapeutic mattress, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back - Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain (Acute and Chronic) Mattress Selection.

Decision rationale: The CA MTUS guidelines do not address this issue. The ODG guidelines state that there are no randomized controlled trials or evidence-based trials to support the purchase of any type of specialized mattress or betting as a treatment for low back pain. Therefore the purchase of Tempurpedic mattress would be based solely on the patient's desire or recommendation. Lacking any evidence-based medicine or controlled clinical trials this request is deemed not medically necessary.