

Case Number:	CM14-0127038		
Date Assigned:	08/13/2014	Date of Injury:	08/16/2013
Decision Date:	09/16/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/11/2014

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 and 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 33-year-old gentleman was reportedly injured on August 16, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 28, 2014, indicated that there were ongoing complaints of low back pain without radiculopathy. The physical examination demonstrated tenderness at the right and left lumbar spine paravertebral muscles as well as SI joints. There was normal range of motion of the lumbar spine and a positive Kemp's test on the right and left. There was a negative bilateral straight leg raise test. Diagnostic imaging studies indicated a loss of disc height at L5-S1 and a broad-based disc protrusion at L4-L5 and L5-S1 with facet hypertrophy. Previous treatment has included at least 60 visits of chiropractic care and physical therapy. There was a recommendation for continued therapy and chiropractic care. A request had been made for a new TENS unit, a pain management consult, and continued chiropractic care three times a week for four weeks and was not certified in the pre-authorization process on August 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

New Tens Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113 - 116.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the criteria for the usage of a TENS unit includes documentation and other treatment modalities including medications that have been tried and failed. The injured employee has received multiple treatments of physical therapy and chiropractic care, and additional chiropractic care is still recommended. This does not indicate failure of previous methods. Additionally, there is no documentation regarding the efficacy of previous TENS usage. For these reasons, this request for a new TENS unit is not medically necessary.

Continue Chiropractic Therapy 3 X 4 W/ Multiple Modalities (Retro 4/28/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Chiropractic manipulation.

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

Decision rationale: According to the attached medical record, the injured employee has received multiple visits of chiropractic care in the past. The California Medical Treatment Utilization Schedule (MTUS) guidelines state, that in order to justify chiropractic care beyond eight weeks, there should be documentation that manipulation has been helpful in improving function, decreasing pain, and improving the quality of life. Additionally continued treatment should be provided at the rate of one treatment every other week. As this request is for continued chiropractic care three times a week for four weeks, it is not medically necessary.

Pain Management Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Pain Management Indicators.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: It is unclear why there is a request for a pain management consult while there are also continued requests for conservative pain management care. This additional specialty care from pain management does not appear justified in this circumstance. This request for a pain management consult is not medically necessary.