

Case Number:	CM14-0138185		
Date Assigned:	09/05/2014	Date of Injury:	08/29/1995
Decision Date:	10/02/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/26/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 47-year-old male with an injury date of 08/29/1995. Based on the 07/09/2014 progress report, the patient complains of lower back pain which began several weeks ago. He describes the pain as being a dull, ache, sharp, and stabbing sensation and rates it as an 8-9/10. The sacroiliac compression and Kemp's test produced moderate pain on the right and left side. Lumbar extension and lumbar flexion range of motion were decreased by 25%. Digital palpation reveals moderate spasm and tenderness of the bilateral lumbar muscles. The patient is antalgic 5 degrees in left lateral flexion. The patient's diagnoses include the following: 1. IVD displacement without myelopathy - lumbar.2. Lumbar sprain or strain. The utilization review determination being challenged is dated 07/31/2014. There were 2 treatment reports provided from 04/30/2013 and 07/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Manipulation to affected areas: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

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

Decision rationale: Based on the 07/09/2014 progress report, the patient presents with lower back pain. The request is for 6 manipulations to affected areas. There is no indication that the patient has had any previous chiropractic sessions. MTUS Guidelines allows up to 18 sessions of chiropractic treatment following an initial trial of 3 to 6. It appears as though the patient has had a recent flare-up of his lower back pain and a total of 6 chiropractic sessions should be allowed. The request is medically necessary.

6 Physical Therapy Sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Based on the 07/09/2014 progress report, the patient presents with lower back pain which began several weeks ago. The request is for 6 physical therapy sessions. There is no indication if the patient has had any previous physical therapy sessions. MTUS Guidelines pages 98 and 99 states that for fibromyalgia and myositis, 9 to 10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. It seems as though the patient has had a recent flare-up of pain in his lower back, and the requested amount of 6 sessions of physical therapy is in accordance with what MTUS allows. The request is medically necessary.

6 EMS (Electrical Muscle Stimulation): 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 Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: Based on the 07/09/2014 progress report, the patient complains of having a recent flare-up of lower back pain. The request is for 6 EMS (electrical muscle stimulation). MTUS Guidelines page 118 to 120 states that interferential current stimulation is not recommended as an isolated intervention. If indicated, however, MTUS recommends trying the unit for 1 month before a home unit is provided. In this case, there is no indication that the patient has had a 1-month trial of the IF stimulator. Given that the request for an IF unit without a specific request for a 1 month trial, the request is not medically necessary.

6 Therapeutic Exercises: 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) guidelines Low back chapter, page 309

Decision rationale: Based on the 07/09/2014 progress report, the patient complains of having a recent flare-up of lower back pain. The request is for 6 therapeutic exercises. ODG Guidelines state the following: "Recommended. There is strong evidence that the exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated." The request is medically necessary.