

Case Number:	CM14-0151019		
Date Assigned:	09/19/2014	Date of Injury:	10/23/2010
Decision Date:	10/20/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/16/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 31-year-old male with a 10/23/10 date of injury, when he landed on his back during a fight. The patient was seen on 7/17/14 with complaints of 9/10 constant, sharp pain in the lumbar spine that created tightness and spasms in the whole lower back and radiated into the gluteal region. The patient also complained of numbness in the right foot and knife-like pain in the lumbar area aggravated by coughing and sneezing. Exam findings of the thoracolumbar spine revealed spinous tenderness and spasm at the paravertebral muscles and trapezius. The range of motion of the lumbar spine was decreased by 10 degrees. The patient's gait was antalgic to the right and straight leg-raising test was positive at 65 degrees bilaterally. The diagnosis is lumbago, lumbar radiculopathy and lumbar musculo-ligamentous injury. Treatment to date: work restrictions and medications. An adverse determination was received on 8/19/14. The request for Chiro/PT 2x4 for the lumbar spine was modified to 1x2 weeks given that the patient's injury was 4 years ago. The request for work conditioning for 8-12 visits for the lumbar spine was denied given that the patient's injury was 4 years ago and that he worked full duty. The request for electric muscle stimulation home unit was denied given that the patient's injury was 4 years ago and that MTUS did not support electrical muscle stimulators.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro/PT 2x4 Weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 56.

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

Decision rationale: CA MTUS states that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. In addition, a request to initiate treatment would make it reasonable to require documentation of objective functional deficits, and functional goals for an initial trial of 6-chiropractic/manipulation treatments. The patient's injury was 4 years ago and there is a lack of documentation indicating that the patient underwent chiropractic treatments in the past. There is no clear rationale with regards to the need for chiropractic treatment at the time. In addition, the UR decision dated 8/19/14 certified 2 sessions of chiropractic/PT. Therefore, the request for Chiro/PT 2x4 for the lumbar spine is not medically necessary.

Work conditioning for 8-12 Visits for The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter Work Conditioning

Decision rationale: CA MTUS states that work conditioning is recommended as an option. In addition, ODG states that work conditioning amounts to an additional series of intensive physical therapy visits required beyond a normal course of PT. There is no rationale with regards to the need for work conditioning visits. In addition, the patient worked full time and the patient's injury was 4 years ago and it is not clear what conservative treatments the patient accomplished. Therefore, the request for work conditioning for 8-12 visits for the lumbar spine is not medically necessary.

Electric Muscle Stimulation Home Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electric Stimulators Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation devices Page(s): 121.

Decision rationale: CA MTUS states that Neuromuscular Electric Stimulation (NMES) is used primary as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. There is a lack of documentation indicating that the patient had stroke and needed NMES as a part of rehabilitation program. In addition, there is no rationale with regards to the

need for NMES for the patient and the Guidelines do not support the use of this device in chronic pain. Therefore, the request for electric muscle stimulation home unit is not medically necessary.