

Case Number:	CM14-0170719		
Date Assigned:	10/23/2014	Date of Injury:	07/07/2014
Decision Date:	11/28/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/15/2014

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 44 year old man with a date of injury of 7/7/14. He was seen by his primary treating physician on 10/8/14. He complained of constant moderate to severe pain in his lumbar spine radiating down his hips and legs. His lumbar spine exam showed 3+ spasm and tenderness to the bilateral lumbar paraspinal muscles from L1-S1. He had a positive Kemp's and Yeoman's test bilaterally and a positive straight leg raise. His diagnoses were lumbar disc displacement without myelopathy and sciatica. He completed 9 physical medicine sessions and at issue in this review is the request for Electrical muscle stimulation/Infrared/chiropractic manipulation/massage 2 x 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrical muscle stimulation/Infrared/chiropractic manipulation/massage 2 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-59.

Decision rationale: Chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. 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. Maximum duration is said to be 8 weeks and care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In this injured worker, the records do not indicate that he is not able to return to productive activities or that he is participating in an ongoing exercise program to which the chiropractic care would be an adjunct. The records do not support the medical necessity of Electrical muscle stimulation/Infrared/chiropractic manipulation/massage 2 x 3.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12,21.

Decision rationale: There is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints and injuries. Such evaluations can translate medical impairment into functional limitations and determine work capability. He was already able to participate in physical therapy and the records do not support that he has had prior unsuccessful return to work attempts to substantiate the medical necessity for a functional capacity evaluation.

Psychosocial Factors Screening (lumbar): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-413.

Decision rationale: Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. It is recognized that primary care physicians and other nonpsychological specialists commonly deal with and try to treat psychiatric conditions. In this case of this injured worker, the records do not document significant psychopathology or serious medical comorbidities that would warrant screening for psychosocial factors. The records do not substantiate the need for screening for psychosocial factors - lumbar.

Work Conditioning/Hardening Evaluation (lumbar): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

Decision rationale: Work conditioning or hardening is recommended as an option but has several criteria that must be met. In this injured worker, the records do not document that he meets the criteria. He has received a course of physical therapy but the records do not substantiate that he has plateaued with therapy or is not likely to benefit further. There is also no documentation of work related goals or details of his job work conditions. The work conditioning program's medical necessity is not substantiated in the records.

Lumbar Support Orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 301,9.

Decision rationale: The use of lumbar supports should be avoided as they have shown little or no benefit, thereby providing only a false sense of security. Additionally, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. It is not clear the rationale from the records for a lumbar support brace at this point in his medical course or what benefit he would derive. The records do not substantiate the medical necessity for a mesh lumbar support.

If Unit and Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-117.

Decision rationale: A TENS or inferential unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for an inferential unit and supplies is not documented.

