

Case Number:	CM14-0024089		
Date Assigned:	06/11/2014	Date of Injury:	05/02/2013
Decision Date:	08/11/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/26/2014

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 Neurological Surgery 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 injured worker is a 23-year-old female who was reportedly injured May 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 5, 2014, indicated that there were ongoing complaints of lumbar spine pain. The physical examination demonstrated muscular spasms of the lumbar paravertebral muscles and a normal lower extremity neurological examination. Diagnostic imaging studies reported an L3-L4, L4-L5 and L5-S1 annular tear with disc extrusion. Previous treatment included previous chiropractic care and 13 sessions of physical therapy. An appointment was been made for eight visits of chiropractic therapy, localized intense neural stimulation therapy and a pain management consultation which was not certified in the pre-authorization process on February 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TIMES 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59 OF 127.

Decision rationale: According to the medical record the injured employee has previously participated in chiropractic therapy; however, the efficacy of this prior treatment is unknown. Without a documented objective improvement from prior chiropractic care, future similar treatment cannot be justified. This request for chiropractic care for eight visits is not medically necessary.

LOCALIZED INTENSE NEUROSTIMULATION THERAPY (LINT) TIMES 6 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97.

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

Decision rationale: According to the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, therapy such as localized intense neurostimulation therapy is not recommended, as it is considered investigational treatment. There were no published outcomes of well-designed clinical trials annotating the efficacy of this treatment for pain. Therefore, this request for localized intense neurostimulation therapy for six sessions 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 ACOEM, , 127.

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

Decision rationale: According to the medical record there was no documentation regarding justification for a pain management consultation. There was no documentation, that the care that the injured employee was receiving, required specific specialty care for pain that she is not receiving elsewhere. This request for a pain management consultation is not medically necessary.