

Case Number:	CM14-0026641		
Date Assigned:	06/13/2014	Date of Injury:	04/23/2013
Decision Date:	07/16/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/03/2014

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 Illinois. 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 59-year-old male who reported an injury on 09/20/2013. He was laying under a car and hyperflexed his neck and felt pain. The clinical note dated 11/01/2013 noted the injured worker presented with low back pain. A lumbar MRI showed no major findings. Prior treatment included physical therapy, acupuncture, injections, and medications. Upon physical examination. The primary physician noted no major findings. The diagnoses were low back with lumbar signs and symptoms. The provider recommended chiropractic treatment, physical therapy, and a TPII and lint exam in treatment. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIRO (2) TIMES A WEEK FOR (6) WEEKS (LUMBAR SPINE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for chiropractic treatment 2 times a week for 6 weeks for the lumbar spine is not medically necessary. The Chronic Pain Medical Treatment Guidelines

recommend that chiropractic care for chronic pain is caused by musculoskeletal conditions. The intended goal or effect of this type of medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks and with evidence of objective functional improvement a total of up to 18 visits over 6 to 8 weeks. The documents provide a lack of evidence that the injured worker would benefit from future chiropractic treatments, due to the efficacy of the prior treatments was not provided. There was a lack of documentation indicating the injured worker had significant objective functional improvement with the prior therapy. There was a lack of a measurable baseline as which to measure the efficacy of the prior therapy. As such, the request is not medically necessary.

PHYSICAL THERAPY (2) TIMES A WEEK FOR (6) (LUMBAR SPINE): Upheld

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

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

Decision rationale: The request for physical therapy 2 times a week for 6 weeks for the lumbar spine is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete the specific exercise or task. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as efficacy of the prior therapy. Guidelines allow for up to 10 visits of physical therapy for up to 4 weeks. The number of physical therapy visits that have already been completed was not provided. The efficacy of the prior therapy was not provided. As such, the request is not medically necessary.

TPII & LINT EXAM-IN TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Novel Image-Guide, Automatic, and High-Intensity Neurostimulation Device for the Treatment of Nonspecific Low Back Pain, Pain Research and Treatment, vol. 2011, Article ID 152307, pages6, 2011.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Localized High-Intensity Neurostimulation.

Decision rationale: The request for a TPII and lint exam in treatment is not medically necessary. The Official Disability Guidelines do not recommend lint examination until there are higher quality studies. Initial results are promising, but only from 2 low quality studies sponsored by the manufacturer. Localized manual high-intensity neurostimulation devices are applied to small

surface area to stimulate peripheral nerve endings that is causing the release of endogenous endorphins. This procedure usually described as hyperstimulation analgesia has been investigated in several controlled studies; however, such treatments are time consuming and cumbersome and require previous knowledge of the localized fascia of peripheral nerve endings responsible for low back pain or manual impedance mapping of the back. As the guidelines do not recommend hyperstimulation analgesia, the lint exam in treatment would not be indicated. As such, the request is not medically necessary.