

Case Number:	CM14-0026865		
Date Assigned:	06/13/2014	Date of Injury:	10/02/2003
Decision Date:	07/16/2014	UR Denial Date:	02/21/2014
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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 42 year old female whose date of injury is 10/02/2003. The mechanism of injury is not described. Progress report dated 04/29/14 indicates that she complains of low back and left knee pain. Lumbar range of motion is flexion 15, extension 10, bilateral rotation 20 and bilateral tilt 10 degrees. Diagnoses are lumbar discopathy, L4-5 and L5-S1 disc herniation, right knee internal derangement, bilateral knee tendinopathy, and status post left knee surgery 03/21/12. She was recommended for continued chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

LINT THERAPY FOR THE LUMBAR SPINE (6 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES Devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES Devices) Page(s): 121.

Decision rationale: Based on the clinical information provided, the request for LINT therapy 2 x 3 for the lumbar spine is not recommended as medically necessary. CA MTUS guidelines note that neuromuscular electrical stimulation is not recommended. NMES is used primarily 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.

CHIROPRACTIC THERAPY FOR THE THORACIC SPINE (8 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for chiropractic therapy 2 x 4 for the thoracic spine is not recommended as medically necessary. The submitted records fail to document the number of chiropractic visits completed to date. There are no objective measures of improvement provided to establish efficacy of treatment and support additional sessions. CA MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary.