MAXIMUS Federal Services

Case Number:	CM14-0047152		
Date Assigned:	07/02/2014	Date of Injury:	06/27/2013
Decision Date:	08/06/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/15/2014

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 Chiropractor 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 46-year-old female with a date of injury reported on 06/27/2013. Her initial visit after the date of injury was on 02/25/2014 where she stated that she was standing in front of a conveyor belt pushing celery boxes right to left and she felt a pop in her back and had immediate pain. She came in upon examination with complaints of constant low back pain extending to the left leg and to the level of the knee. Her lumbar range of motion was significantly limited. She did have positive nerve tension signs in the left leg. Palpation revealed 3+ tenderness over the lumbar spine. There was no list of medications provided nor their efficacy. There was no list of evidence of physical therapy or previous treatment provided. Her recommended treatment was exercise, ice packs, 2 more weeks of the chiropractic therapy, and a TENS unit rental. On 03/06/2014, she did have a followup appointment with her chiropractor to which she still complained of a lot of pain. She did have myofascial release performed to the trigger points in the paraspinal. It was not documented as to how many chiropractic therapy sessions she has already had. Diagnoses consisted of lumbar sprain and strain and sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

X12 Chiropractic Treatments to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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

Decision rationale: The request for12 chiropractic treatments to the lumbar spine are not medically necessary. The California MTUS Guidelines state that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate the progression in the patient's therapeutic exercise program and to return to productive activities. There is no efficacy of progress on the notes provided. There is no measurable gain or progression that has been documented. Also, the recommendation for therapeutic care is a trial of 6 visits over 2 weeks and with an objective functional improvement a total of up to 18 visits over 6 to 8 weeks. It is unknown how many visits she already has had and there has been no functional improvement documentation provided. Therefore, the request for the 12 chiropractic treatments for the lumbar spine is not medically necessary.

30 Day Tens Unit Rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TEN Page(s): 114-116.

Decision rationale: The request for 30 day TENS unit rental is not medically necessary. According to the California MTUS Guidelines a TENS unit is not recommended as a primary treatment modality. The Guidelines recommend that it is used as an adjunct to a program of evidence-based functional restoration. There is a lack of documentation of functional restoration and deficits. The California MTUS Guidelines also state that several published evidence-based assessments of the transcutaneous electrical nerve stimulation have found evidence is lacking concerning effectiveness. There are no directions also on the request as to exactly where this is to be placed and the duration and frequency. Further, the documentation failed to indicate that the TENS would be used as an adjunct to an exercise program. Therefore, the request for 30 day TENS unit rental is not medically necessary.