

Case Number:	CM14-0194303		
Date Assigned:	12/02/2014	Date of Injury:	03/17/2014
Decision Date:	01/14/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/20/2014

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 Internal Medicine 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 49 year old female who suffered a work related injury on 03/17/2014 when she was moving a heavy cart onto an elevator. She experienced a sharp pain in her low back radiating to the right lower extremity. She reported the injury to her employer and was advised to take a few days off of work. The following day her back pain worsened and she visited the on-site medical dispensary, and was placed on temporary total disability for three days. She received an injection for pain, and OxyContin. She completed one session of physical therapy directed to the low back and she was placed on temporary partial disability until her employer advised her that she will no longer be a light duty. She had a MRI of the lumbar spine a few days later. She returned to work 6 months later and her usual duties of stooping, bending, lifting, and carrying trays aggravated her low back and right lower extremity symptoms. Per the physician notes from 10/27/14, she complains of low back pain radiating to the right lower extremity. Tenderness to palpation with muscle spasm is present over the bilateral paraspinal musculature and right sacroiliac joint. Straight leg raising test elicits radiating pain to the right calf. Sacroiliac stress test is positive on the right. She ambulates with a slight antalgic gait favoring her right lower extremity. Diagnoses includes lumbar spine musculoligamentous sprain/strain with right lower extremity with moderate to severe spondylosis per x-ray dated 10/27/14 with right sacroiliac joint. The physician requested 12 chiropractic treatments to the lumbar spine and Interferential Unit for home use. These requested treatments were denied by the Claims Administrator on 11/06/14 and 11/13/14 and were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for the lumbar spine, three times weekly for four weeks: Upheld

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

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, Manipulation

Decision rationale: Pursuant to the Official Disability Guidelines, chiropractic therapy for the lumbar spine three times weekly for four weeks is not medically necessary. The guidelines enumerate chiropractic frequency and duration. Therapeutic care: mild, up to six visits over two weeks; severe trial of six visits over two weeks and with evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks, if acute, avoid chronicity. Elective maintenance care is not medically necessary. Recurrences and flare-ups need to reevaluate treatment success. See guidelines for details. In this case, the injured worker is being treated for sciatica and low back pain. The injured worker returned to work with no restrictions on progress note dated May 16, 2014. There were no additional progress notes in the medical record indicating how many chiropractic treatments the injured worker received and over what time frame. Additionally, there was no evidence the medical record of objective functional improvement associated with chiropractic treatment. The injured worker was doing home exercises. Consequently, absent the appropriate documentation along with objective functional improvement, additional chiropractic therapy for the lumbar spine three times weekly for four weeks is not medically necessary.

Home IF unit for the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Interferential Unit

Decision rationale: Pursuant to the Official Disability Guidelines, Interferential Current Stimulation (ICS) for the lumbar spine is not medically necessary. Interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments, including return to work, exercise and medications and limited evidence of improvement on those recommended treatments alone. See guidelines for additional details. In this case, the injured worker is being treated for sciatica and low back pain. There is no documentation other than a request for ICS. There is no clinical rationale in the record for ICS. Consequently, absent the appropriate documentation and clinical rationale, Interferential Current Stimulation (ICS) for the lumbar spine is not medically necessary.

