

Case Number:	CM14-0197047		
Date Assigned:	12/05/2014	Date of Injury:	06/03/2013
Decision Date:	01/20/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency 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 45 year-old female, who sustained an injury on June 3, 2013. The mechanism of injury occurred from a slip and fall. Diagnostics have included: September 5, 2013 lumbar spine MRI reported as showing L4-5 disc protrusion. Treatments have included: medications, physical therapy, and acupuncture. The current diagnoses are: lumbar degenerative disc disease, facet syndrome. The stated purpose of the request for Chiropractic with modalities (decompression, heat, ultrasound, and massage), 3 times a week for 2 weeks was not noted. The request for Chiropractic with modalities (decompression, heat, ultrasound, and massage), 3 times a week for 2 weeks was denied on October 21, 2014, citing a lack of documentation of medical necessity. The stated purpose of the request for TENS unit for the Lumbar Spine, purchase was not noted. The request for TENS unit for the Lumbar Spine, purchase was denied on October 31, 2014, citing a lack of documentation of a functional restoration program. Per the report dated October 21, 2014, the treating physician noted continued lower back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic with modalities (decompression, heat, ultrasound, massage), 3 times a week for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60, 120-123. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The requested Chiropractic with modalities (decompression, heat, ultrasound, massage), 3 times a week for 2 weeks, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has continued lower back pain. The treating physician has not documented objective evidence of derived functional benefit from completed chiropractic sessions, such as improvements in activities of daily living, reduced workrestrictions or reduced medical treatment dependence. The criteria noted above not having been met, Chiropractic with modalities (decompression, heat, ultrasound, massage), 3 times a week for 2 weeks is not medically necessary.

TENS unit for the Lumbar Spine (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120-123.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The requested TENS unit for the Lumbar Spine, purchase is not medically necessary. Chronic Pain Medical Treatment Guidelines note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservativeoption, if used as an adjunct to a program of evidence-based functional restoration."The injured worker has continued lower back. The treating physician has not documented a current rehabilitation program, or functional benefit from electrical stimulation under thesupervision of a licensed physical therapist. The criteria noted above not having been met, TENS unit for the Lumbar Spine, purchase is not medically necessary.