

Case Number:	CM14-0203041		
Date Assigned:	01/27/2015	Date of Injury:	06/18/2014
Decision Date:	02/28/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 patient is a 53 year old male who was injured on 6/18/2014. The diagnoses are low back pain, lumbar strain and lumbar degenerative disc disease. The 2014 MRI of the lumbar spine showed early degenerative disc disease of the lumbar spine without any significant nerve impingement. The patient completed 9 PT in August 2014 without any beneficial effect. On 10/14/2014, [REDACTED] noted subjective complaint of low back pain. The pain score was rated at 5-9/10 on a scale of 0 to 10. The patient reported that he stopped utilizing Ibuprofen and Tylenol . The Ibuprofen did not help. The Tylenol was reported to cause diarrhea. The patient also reported occasional lower extremities numbness alternating in the left and right leg since 1983. The numbness was noted to be of non dermatomal distribution. The physical examination examination did not show any significant findings accept for vague tenderness to palpation over the L5-L5 area. There was a past history of high intensity manual labor as a logger. It was noted that the severity of pain did not warrant analgesic stronger than NSAIDs. A prescription for Ultram was started because of the complaints of ineffectiveness of ibuprofen. On 10/23/2014, the patient did not report any changes to the low back pain. A Utilization Review determination was rendered on 11/19/2014 recommending non certification for AcupunctureX12 for lumbar spine, PT, Lumbar Corset, TENS unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 12 sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Pain Chapter Acupuncture

Decision rationale: The CA MTUS and the ODG guidelines recommend that acupuncture treatments can be utilized for the treatment of chronic musculoskeletal pain. The utilization of acupuncture can lead to decrease in pain, reduction in medications utilization and increase in activities. The records did not show objective or radiological findings consistent with moderate or severe pain. There was very limited objective or radiological findings. The subjective complaints were inconsistent with physical findings. The criteria for acupuncture treatment x12 to lumbar spine was not met.

Physiotherapy/Chiro/Manipulation x 12 sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine/Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 98-99. Decision based on Non-MTUS Citation Pain Chapter Physical Therapy

Decision rationale: The CA MTUS and the ODG guidelines recommend that PT treatments can be utilized for the treatment of chronic musculoskeletal pain. The utilization of PT can lead to decrease in pain, reduction in medications utilization and increase in activities. The records did not show objective or radiological findings consistent with moderate or severe pain. There was very limited objective or radiological findings. The subjective complaints were inconsistent with physical findings. The patient did not report any beneficial effects following completion of 9 PT. The criteria for PT/manipulation/chiropractic treatments x12 to lumbar spine was not met.

Purchase of High Lumbar corset with steel ribbing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter- Back Braces/ Lumbar supports

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter. Low and Upper Back Durable Medical Equipment.

Decision rationale: The CA MTUS did not address the use of durable medical equipments. The ODG guidelines recommend that Durable Medical Equipments such as Lumbar Corset can be utilized in patient with chronic low back pain. The use of lumbar corset can help in improving

mobilization, decreased pain and improved physical function.for patients with chronic spine pain. The records did not show objective or radiologocal findings consistent with moderate or severe pain. There were very limited objective or radiological findings. The subjective complaints were inconsistent with physical findings. The criteria for the purchase of high lumbar corset with steel ribbing was not met..

TENS unit trial x 1 month with supplies: 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 9792.24.2 Page(s): 113-116. Decision based on Non-MTUS Citation Pain Chapter. TENS Unit

Decision rationale: The CA MTUS and the ODG guidelines recommend that TENS unit treatments can be utilized for the treatment of chronic musculoskeletal pain. The utilization of TENS unit can lead to reduction in pain, reduction in medications utilization and increase in physical activities. The records did not show objective or radiologocal findings consistent with moderate or severe pain. There was very limited objective or radiological findings. The subjective complaints were inconsistent with physical findings. The provider noted that the pain can be adequately controlled with NSAIDs utilized as needed. The criteria for the use of TENS unit 30 days Trial with Supplies for the lumbar spine pain was not met.